

**The Mount Sinai Hospital - New York, NY**  
**Inpatient Facesheet**

 Medical Record Number  
**2891398**

Patient's Name <b>PLAZA, BENJAMIN</b>		Gender <b>Male</b>	Race <b>Hispanic/Latino</b>	
Social Security Number <b>XXX-XX-3305</b>	Age <b>25 Years</b>	Date of Birth: <b>10/05/1982</b>	Marital Status <b>Unknown</b>	Religion <b>Christian</b>
Patient Address <b>One Gustave Levy Pla, EDDEPT New York, NY 10029</b>			Patient Phone: <b>(646) 302-7994 (H)</b>	

Employment Status <b>Full-Time</b>	Employer Name <b>SWISSPORT USA</b>	Patient Work Phone
Employer Address <b>JFK AIRPORT New York, NY 10029</b>		Employer Phone

Next of Kin <b>PLAZA, BENJAMIN</b>	Relationship to Patient <b>Father</b>	NOK Phone <b>(917) 576-4093 (H)</b>	NOK Work Phone
Emergency Contact <b>PLAZA, BENJAMIN</b>	Relationship to Patient <b>Father</b>	EMC Phone <b>(917) 576-4093 (H)</b>	EMC Work Phone

Admit Date <b>06/30/2008</b>	Admit Time <b>16:40</b>	Visit Number: <b>000044719928</b>	Reason for Admission <b>FRACTURE</b>
Estimated Arrive Date	Admit Source <b>Emergency Room Admit</b>	Point of Origin <b>Emergency Room</b>	
Admitting Diagnosis <b>800.69 - OPEN FRACTURE OF VAULT OF SKULL WITH CEREBRAL LACERATION AND CONTUSION, WITH CONCUS</b>			
Nursing Unit - Room - Bed <b>N08C 210 A</b>	Private Room Accommodation Reason	Admit Type <b>Emergency Department</b>	
Care Center <b>Neurosciences &amp; GI CC</b>	Specialty <b>Oral &amp; Maxillofacial</b>	Medical Service <b>Medicine</b>	Team

Admitting Physician <b>Calat, Paul M</b>	Dictation Code <b>03345</b>	Admitting Physician Department
Attending Physician <b>Calat, Paul M</b>	Dictation Code <b>03345</b>	Attending Physician Department

Insurance 1 Health Plan Name <b>Blue Cross - Empire EPO/PPO</b>	Policy Number <b>SWP813M60481</b>	Group Name	Group Number
Health Plan Address			HP Phone Number

Insurance 2 Health Plan Name	Policy Number	Group Name	Group Number
Health Plan Address			HP Phone Number

Insurance 3 Health Plan Name	Policy Number	Group Name	Group Number
Health Plan Address			HP Phone Number

Encounter Comment (Ins 1 tab)				
Patient Directory <b>2. List name only</b>	NYS Rights Info <b>Yes</b>	NOPP Signed <b>Yes</b>	Chaplain Visit	Patient Is Requesting <b>Semi-Private</b>

Plaza Benjan

2891398

02-30-08

Mount  
SinaiDEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
OMB Approval No. 0938-0692**AN IMPORTANT MESSAGE FROM MEDICARE  
ABOUT YOUR RIGHTS****AS A HOSPITAL INPATIENT, YOU HAVE THE RIGHT TO:**

Receive Medicare covered services. This includes medically necessary hospital services and services you may need after you are discharged, if ordered by your doctor. You have a right to know about these services, who will pay for them, and where you can get them.

Be involved in any decisions about your hospital stay, and know who will pay for it.

Report any concerns you have about the quality of care you receive to the Quality Improvement Organization (QIO) listed here: **IPRO 1-800-331-7767 TTY Users 1-866-446-3507 or 1-516-326-6182**

**YOUR MEDICARE DISCHARGE RIGHTS**

**Planning For Your Discharge:** During your hospital stay, the hospital staff will be working with you to prepare for your safe discharge and arrange for services you may need after you leave the hospital. When you no longer need inpatient hospital care, your doctor or the hospital staff will inform you of your planned discharge date.

**If you think you are being discharged too soon:**

- You can talk to the hospital staff, your doctor and your managed care plan (if you belong to one) about your concerns.
- You also have the right to an appeal, that is, a review of your case by a Quality Improvement Organization (QIO). The QIO is an outside reviewer hired by Medicare to look at your case to decide whether you are ready to leave the hospital.
  - If you want to appeal, you must contact the QIO no later than your planned discharge date and before you leave the hospital.
  - If you do this, you will not have to pay for the services you receive during the appeal (except for charges like copays and deductibles).
- If you do not appeal, but decide to stay in the hospital past your planned discharge date, you may have to pay for any services you receive after that date.
- Step by step instructions for calling the QIO and filing an appeal are on page 2.

To speak with someone at the hospital about this notice, call **Appeals 212-731-3300**  
**Monday-Friday from 9AM- 5PM. Off hours please call Nursing Administration 212-241-4567**

**Please sign and date here to show you received this notice and understand your rights.**

Signature of Patient or Representative

Date

Signature of Patient or Representative

Date

88138 Rev. (New 08/07)  
CMS-R-193 (approved 05/07)

Pink - Patient, Given upon admission

Yellow - Patient, 2 days prior to discharge

White - Chart Copy / Hospital Medical Records

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## **AN IMPORTANT MESSAGE FROM MEDICARE ABOUT YOUR RIGHTS** page 2

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### **STEPS TO APPEAL YOUR DISCHARGE**

- **STEP 1:** You must contact the QIO no later than your planned discharge date and before you leave the hospital. If you do this, you will not have to pay for the services you receive during the appeal (except for charges like copays and deductibles).
  - Here is the contact information for the QIO:  
**The Island Peer Review Organization – 1-800-446-2447**  
**TTY #: 866-446-3507 or 516-326-6182**
  - You can file a request for an appeal any day of the week. Once you speak to someone or leave a message, your appeal has begun.
  - Ask the hospital if you need help contacting the QIO.
  - The name of this hospital is Mount Sinai Medical Center ID # 1932103413.
- **STEP 2:** You will receive a detailed notice from the hospital or your Medicare Advantage or other Medicare managed care plan (if you belong to one) that explains the reasons they think you are ready to be discharged.
- **STEP 3:** The QIO will ask for your opinion. You or your representative need to be available to speak with the QIO, if requested. You or your representative may give the QIO a written statement, but you are not required to do so.
- **STEP 4:** The QIO will review your medical records and other important information about your case.
- **STEP 5:** The QIO will notify you of its decision within 1 day after it receives all necessary information.
  - If the QIO finds that you are not ready to be discharged, Medicare will continue to cover your hospital services.
  - If the QIO finds you are ready to be discharged, Medicare will continue to cover your services until noon of the day after the QIO notifies you of its decision.

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### **IF YOU MISS THE DEADLINE TO APPEAL, YOU HAVE OTHER APPEAL RIGHTS:**

- You can still ask the QIO or your plan (if you belong to one) for a review of your case:
  - If you have Original Medicare: Call the QIO listed above.
  - If you belong to a Medicare Advantage Plan or other Medicare managed care plan: Call your plan.
- If you stay in the hospital, the hospital may charge you for any services you receive after your planned discharge date.

For more information, call 1-800-MEDICARE (1-800-633-4227), or TTY: 1-877-486-2048.

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### **Additional Information:**

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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0692. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

## THE MOUNT SINAI HOSPITAL

PROXY QUESTIONNAIRE AND  
ACKNOWLEDGEMENT STATEMENT

## Acknowledgement

I acknowledge receipt of the booklet, *Your Rights as a Hospital Patient In New York State*, prepared by the New York State Department of Health. I have had the opportunity to discuss it with a hospital representative.

Patient's Signature

Or

Signature of Patient's Designated Representative

Relationship to Patient

Plaza, Benjamin

289.398

56-30-08

## Acuse de recibo

Acuso recibo del folleto titulado *Sus derechos como paciente de hospital en el Estado de Nueva York*, elaborado por el Departamento Salud del Estado de Nueva York. Un representante del hospital est presente para responder a mis preguntas sobre este folleto.

Firma del paciente

O

Firma del representante nombrado por el paciente

Indique su parentesco o relacion con el paciente

## HEALTH CARE PROXY QUESTIONNAIRE

Has patient previously filled out a Health Care Proxy form OR would they like to complete one at this time?

## IF "YES" (check one)

A. ☐ A copy is in the chart. (The patient keeps the original.)B. ☐ A copy is not with patient (Ask patient to have a copy brought to the hospital and given to his/her nurse. If (s)he wishes to verbalize information outlined in his/her advance directive, refer to primary nurse.)

## IF "NO" (check one)

A. ☒ Health Care Proxy information given to patient.B. ☐ Patient asked to provide any other advance directive (i.e., DNR, living will, other.)

## IF "UNKNOWN" (check one)

A. ☐ Patient can not respond at this time/Patient's clinical condition makes discussion inappropriate.B. ☐ Family/care giver doesn't know but will research.B. A. A  
Admission Planner / Clerk / Business Associate

Print Name:

Iskhat John

Date

56-30-08

Mount  
SinaiMount  
SinaiNorth Shore  
Medical GroupMount  
SinaiThe Mount Sinai  
Hospital  
of Queens  
A Division of The Mount Sinai HospitalMount  
SinaiDiagnostic  
and  
Treatment  
Center

### ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES (NOPP)

By signing below, I acknowledge that I have been provided a copy of this Notice of Privacy Practices and have therefore been advised of how health information about me may be used and disclosed by the hospitals and the facilities listed at the beginning of this notice, and how I may obtain access to and control this information.

Plaza Benjamin  
Patient Name

[Signature]  
Signature of Patient or Personal Representative

06-30-08  
Print Name of Patient or Personal Representative

Date

self  
Description of Personal Representative's Authority

I was not able to obtain the patient's acknowledgement of receipt of the NOPP upon registration because:

- ☐ The patient refused to sign despite good faith efforts
- ☐ The patient was unaccompanied and not alert and oriented
- ☐ The patient was unaccompanied and needed emergency care
- ☐ Other, (explain): \_\_\_\_\_

Employee Signature: [Signature] Employee Title: B.A.A.

Print Name: Shroaf Jahan Date: 06-30-08

- ☐ Acknowledgement subsequently obtained, (see above).

**Mount  
Sinai****The Mount Sinai Hospital**  
One Gustave L. Levy Place  
New York, New York 10029PLAZA, BENJAMIN  
MRN - 2891398 M 10/5/1982  
V - 44719928 6/30/2008  
CALAT, PAUL 03345

N08C

PERMISSION SHEET #1

**PERMISSION FOR OPERATION AND/OR  
PROCEDURE AND ANESTHESIA**

1. I hereby authorize Doctor Calat and/or those associates or assistants he/she may designate to perform upon Myself the following treatment(s), operation(s), end/or procedure(s) to include:

Repair of Mandible Fracture, other dental procedures

2. Dr. Goulston has fully explained to me the nature and purposes of the treatment(s)/operation(s)/procedure(s) and has also informed me of the benefits, risks and possible complications, as well as the possible alternatives to the proposed treatment(s)/operation(s)/procedure(s). I have been given an opportunity to ask questions, and all my questions have been answered, fully and satisfactorily.
3. I understand that during the course of the operation(s)/procedure(s)/treatment(s) unforeseen conditions may arise which necessitates procedure(s) different from those contemplated. I consent to the performance of additional operation(s)/procedure(s)/treatment(s) which the above-named physician or his/her associates/assistants may consider necessary.
4. I also consent to the administration of anesthesia/sedation/analgesia deemed necessary under the direction of an authorized physician. I have been made aware of the possible risks, consequences, and alternatives associated with the administration of these agents.
5. I further consent to the transfusion of blood or blood components as deemed necessary in the judgement of the physician, or his/her associates/assistants. The benefits and alternate forms of treatment have been explained to me, as well as the possible risk(s) and adverse consequences.
6. I hereby authorize the release of my social security number to the manufacturer of any medical device(s) that may be implanted, in accordance with federal laws and regulations.
7. Any organ(s)/tissue(s)/implant(s) surgically removed may be examined and retained by the Hospital for medical, scientific or educational purposes and such tissues or organs may be disposed of in accordance with accustomed practice.
8. For medical, scientific or educational purposes, I consent to the photographing, videotaping and/or closed circuit televising, and publication, thereof, of the operation/procedure/treatment to be performed, provided my identity is not revealed. I also consent to the admission of observers in the Operating or Treatment Room.
9. I understand that during the course of the operation(s)/procedure(s)/treatment(s), a manufacturer's representative may provide technical support.
10. I acknowledge that no guarantees or assurances have been made to me concerning the results intended from the operation(s)/procedure(s)/treatment(s). I confirm that I have read and fully understand the above and that all blank spaces have been completed prior to my signing. I have crossed out any paragraphs to which I do not consent.

Patient/Relative, or Guardian\*: BENJAMIN PLAZA [Signature] 6/30/08 ( SELF )  
 Print Name Signature Date/Time Relationship

Witness: Mableli Winkler [Signature] 7/1/08  
 Print Name Signature Date/Time

I hereby certify that I have explained the nature, purpose, benefits, risks of, and alternatives to, the proposed procedure/operation, have offered to answer any questions and have fully answered all such questions. I believe that the patient/relative/guardian fully understands what I have explained and answered. In the event that I was not present when the patient signed this form, I understand that the form is only documentation that the informed consent process took place. I remain responsible for having obtained the consent from the patient.

**Michael Goulston, MD**Lic # 050810 [Signature] 6/30/08 62319  
 Print Name Signature Date/Time Dict#

Dictation # 62319

\*The signature of the patient must be obtained unless the patient is under the age of 18 or incompetent.  
 NOTE: THIS DOCUMENT MUST BE MADE PART OF THE PATIENT'S MEDICAL RECORD.

C-2-F-1 (2/07)

Paul Calat, MD 7/1/08  
 Dict 03345

HOSPITAL CODE OF THE STATE OF NEW YORK -  
CHAPTER V - SECTION 732.6 ADMITTING DEPT.  
SECTION (J) AS AMENDED 1/31/69

CONSENT FOR TRANSFER TO ANOTHER FACILITY

I, the undersigned, certify that Plaza Jr, Benjamin  
last name first name  
has consented to be transferred from Mount Sinai Hospital of Queens, inc. to MSM  
receiving facility  
for \_\_\_\_\_  
reason for transfer

I have been fully informed of the reasons, implications, and necessity of such a transfer. I acknowledge that I have been fully informed of the risks and consequences involved in transfer and I assume all such risks for (myself) (for the patient).

I hereby release Mount Sinai Hospital of Queens, its governing body, officers, trustees, directors, agents, appointees, employees, and medical staff from all responsibility and any liability for injuries, damages or adverse effects of results, including any deterioration in my (patient's) physical condition or other ill effects which the said patient may suffer because of this transfer.

I acknowledge the above has been fully explained to me (patient) by Dr. CHAMON

Date: 12/20/18 Time: 1:30 PM  
Patient/Guardian/other [Signature]  
signature

Witness \_\_\_\_\_  
signature  
print full name

[Signature]  
physician's signature  
ANNE CHAMON  
print full name

No person presented for medical care shall be removed, transferred or discharged for the purpose of effecting a transfer from a hospital unless such removal or transfer is carried out after written certification by a physician that such will not create a medical hazard to the person or is considered to be in the person's best interest despite the potential hazard of movement. Such a removal or transfer shall be made only after prior notification to an appropriate medical facility.

\*Administrative Code of the City of New York  
587-1.0 TRANSFER AND REMOVAL OF PATIENTS.\*

- a. It shall be unlawful for any superintendent or other in authority in any hospital in the City to order the removal from such hospital of any patient, while such patient is in a dangerously sick precarious condition, except good cause shown and upon the written certificate to that effect of the attending physician or surgeon, or in their absence, of the senior member of the house staff.
- b. Such certificate shall be executed in duplicate and shall briefly set forth the name of the patient, the dates of reception and removal, and the facts making necessary such removal. One of such duplicates shall be filed in the records of such hospital and shall be preserved for a period of not less than three years. The remaining duplicates shall accompany the patient so removed to his place of destination and be there delivered to the person or official into whose care such patient is turned over. It shall be the duty of every such superintendent or other person ordering such removal to require compliance with the provisions of this section as to execution, filing and delivery of such certificate.

c. Every superintendent or other person in authority in a hospital in the City, who shall violate any of the provisions of this section, shall be subject to a penalty of not exceeding one hundred dollars for each and every offense.







**THE MOUNT SINAI MEDICAL CENTER**  
One Gustave L. Levy Place, New York, NY 10029-6574  
Mount Sinai School of Medicine • The Mount Sinai Hospital



PLAZA, BENJAMIN  
MRN - 2891398 M 10/5/1982  
V - 44719928 6/30/2008  
CALAT, PAUL 03345



N08C

ADDRESSOGRAPH

The following form shall be used  
for patients covered under the case payment system:

## DISCHARGE NOTICE

—READ THIS LETTER CAREFULLY—

IT CONCERNS YOUR PRIVATE INSURANCE BENEFITS OR MEDICAID BENEFITS OR IF YOU ARE UNINSURED.

PRIMARY PAYOR AT DISCHARGE: <i>Blue Cross - Empire EPO/PRO</i>	
M.R.#: <i>2891398</i>	ADMISSION DATE: <i>06/30/08</i>

Dear Patient:

Your doctor and the hospital have determined that you no longer require care in the hospital and will be ready for discharge on:

DISCHARGE DATE ►	DAY OF WEEK: <i>Wednesday</i>	DATE: <i>07/02/08</i>
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**IF YOU AGREE** with this decision, you will be discharged. Be sure you have already received your written discharge plan which describes the arrangements for any future health care you may need.

**IF YOU DO NOT AGREE** and think you are not medically ready for discharge or feel that your discharge plan will not meet your health care needs, you or your representative may request a review of the discharge decision by contacting the review agent indicated below.

**IF YOU WOULD LIKE A REVIEW**, you should immediately, but not later than noon of the day after you receive this notice, call the telephone number checked off on the IPRA list indicated below.

**IF YOU CANNOT REQUEST THE REVIEW YOURSELF**, and you do not have a family member or friend to help you, you may call the Resource Center at 47428, and they will assist you.

**IF YOU REQUEST A REVIEW**, the following will happen:

1. The review agent will ask you or your representative why you or your representative think you need to stay in the hospital and also will ask your name, admission date and telephone number where you or your representative can be reached.
2. After speaking with you or your representative and your doctor and after reviewing your medical record, the review agent will make a decision which will be given to you in writing.
3. While this review is being conducted, you will not have to pay for any additional hospital days until you have received the review agent's decision.

**IF THE REVIEW AGENT AGREES WITH THE DISCHARGE DECISION**, you will be financially responsible for your continued stay after noon of the day after you or your representative has been notified of the review agent's decision.

**IF THE REVIEW AGENT AGREES THAT YOU STILL NEED TO BE IN THE HOSPITAL:**

for Medicaid patients, Medicaid benefits will continue to cover your stay;  
for private health insurance patients, coverage for your continued stay is limited to the scope of your private health insurance policy.

**NOTE:** If you miss the noon deadline mentioned on this notice, you may still request a review. However, if the review agent disagrees with you, you will be financially responsible for the days of care beginning with the proposed discharge date.

If you would like a review of your hospital stay *after* you have been discharged, you may request a review by the review agent within thirty (30) days of the receipt of this notice or seven days after the receipt of a complete bill from the hospital, whichever is later, by writing to the review agent.

I have received this notice on behalf of myself as the patient or as the representative of the patient:

Signature <i>[Signature]</i>	Relationship <i>SELF</i>	Date <i>7/2/08</i>	Time <i>1:41 PM</i>
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cc: Attending Physician; Hospital Billing Office

### IPRA REVIEW AGENTS

#### FOR ASSISTANCE HELP

The Independent Professional Review Agent (IPRA) for your area and your insurance coverage is:

☐ **BLUE CROSS/CIP/SP**  
New York County Health  
Services Review Organization  
50 West 23rd Street  
New York NY 10010  
(212) 867-6000

☐ **Medicaid-Island Peer Review Org.**  
1979 Marcus Avenue  
Lake Success, NY 11042  
(516) 326-8136 (800) 648-4776  
Mon-Fri. 8:30 AM - 4:30 PM

☐ **Medicare-Island Peer Review**  
1979 Marcus Avenue  
Lake Success, NY 11042  
(516) 326-8131  
(800) 446-2447

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N08C

PATIENT DISCHARGE PLAN AND REFERRAL  
FORM

DISCHARGE DATE:

07/02/08

DISCHARGE TIME:

1345

SERVICE/SPECIALITY/PHYSICIAN:

Dr. Calat

ALLERGIES

No known drug allergies

DISPOSITION: ☒ HOME☐ OTHER:☐ TRANSFER TO:

Patient's Telephone: (646) 302-7994

MODE: ☐ AMBULATORY☐ WHEELCHAIR☐ STRETCHER☐ OTHER:

PERSON ACCOMPANYING PATIENT:

RELATIONSHIP:

DIAGNOSES: (AS EXPLAINED TO PATIENT/PATIENT SURROGATE)

fractured mandible

SURGICAL/OBSTETRIC/OTHER DIAGNOSTIC PROCEDURES

DATE

Repair of fractured mandible

7/01/08

Your diet is: ☐ Regular ☒ Other

Pureed foods and liquids

Your activity is: ☐ As Tolerated ☐ Other

Other special instructions:

Contact your doctor or go to nearest ER if you experience any  
shortness of breath, difficulty breathing, chest pain, or if  
you have any signs of infection such as fever, chills, increased  
swelling, redness, or for any active bleeding.

TO BE FOLLOWED	NAME	PHONE	LOCATION	DATE	TIME
CLINIC/MSH FACILITY:	Follow up with Dr. Calat. Call to				
PHYSICIAN:	make an appointment.				
OTHER:					
OTHER:					

If you smoke, refer to your copy of *Smoking Cessation Information* provided to you on the back of this form. This information reinforces advice that was provided to you during your hospitalization about the importance of quitting smoking and gives information about local smoking cessation programs.

I HAVE RECEIVED THE ABOVE INFORMATION:

PATIENT/DISEGNEE

DATE:

7/2/08

NURSE'S NOTE: (Brief description of patient's status on discharge)

70x3, ambulatory. Pt is on side facial swelling & difficulty  
breathing. SpO2 97% on RA. Pt is on nasogastric tube, tolerating  
PO fluids and yellow substances. Little difficulty chewing  
pain to jaw. VS BP 137/70 HR 100, RR 18, T 36.9. Pt is alert  
to person, place, time. Pt speaking clearly, voiding freely. BM 2  
today. Ambulatory with verbalized understanding of

EVALUATION OF PATIENT'S/PATIENT'S SURROGATE UNDERSTANDING OF DISCHARGE INFORMATION:

☐ Patient/patient's surrogate verbalizes understanding of discharge plan.☐ Patient/patient's surrogate verbalizes understanding of instructions given regarding:☐ Medications ☐ Diet ☐ Activity ☐ When to contact MD/NP☐ Use of medical devices☐ Follow-Up Care

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N08C

## YOUR DISCHARGE MEDICATIONS

NAME OF MEDICATION	DOSAGE	ROUTE	HOW OFTEN TO TAKE	TIMES	SPECIAL INSTRUCTIONS	PRINTED MATERIAL GIVEN
Clinclamycin	300mg		Take one tablet	4 (four) times a day	For 7 days	
Parocet	5/325mg		Take one (1) to two (2) tablets	every 4-6 hours	as needed for pain	
*These medications can be crushed and mixed in apple sauce or other soft foods						
Peridox			Use 15 mls to rinse mouth		Swish it around and spit it out	
			2 (two) times a day			

RN PRINT NAME/SIGNATURE: M. Mally, RN

# MOUNT SINAI ED EMERGENCY RECORD

Plaza, Benjamin  
DOB: 10/5/1982 M25  
Wt/Ht:  
MedRec: 000002891398  
AcctNum: 000044719928

## Patient Data

Complaint: Broken Jaw  
Triage Time: Mon Jun 30 2008 03:54  
Urgency: ESI Level 3  
Room: ED NORTH 05A  
Initial Vital Signs:  
BP:142/73  
P:76

R:20  
T:36.5t

ED Attending: Patel, MD, Vaishali  
Primary RN: Parayno, RN, Epifania  
Sat: 100% on ra  
Pain: 5

## **TRIAGE** (Mon Jun 30 2008 03:54 NAMC)

PATIENT: NAME: Benjamin Plaza, AGE: 25, GENDER: male, DOB: Tue Oct 05 1982, TIME OF GREET: Mon Jun 30 2008 03:48, LANGUAGE: English, abuse/assault: Deferred, MEDICAL RECORD NUMBER: 000002891398, ACCOUNT NUMBER: 000044719928.

ASSESSMENT: Pain level 4, using numeric pain scoring., pt. transferred from msh-qns due to fracture of both mandibles.

ADMISSION: URGENCY: ESI Level 3, ADMISSION SOURCE: Home, TRANSPORT: EMS MSH 12G, BED: AERNORTH.

VITAL SIGNS: BP 142/73, Pulse 76, Resp 20, Temp 36.5t, Pain 5, O2 Sat 100%, on ra.

COMPLAINT: COMPLAINT: Broken Jaw.

MENTAL STATUS: Orientation: Alert, Oriented, Behavior: Cooperative.

TREATMENT IN TRIAGE

PROVIDERS: TRIAGE NURSE: Angela Campbell, RN.

## **KNOWN ALLERGIES**

No known drug allergies.

## **CURRENT MEDICATIONS** (03:55 NAMC)

Patient not taking any medications

## **DIAGNOSIS** (07:58 YMT1)

FINAL: PRIMARY: Fracture - mandible, open , ADDITIONAL: Fracture - mandible, open.

## **PAST MEDICAL HISTORY**

MEDICAL HISTORY: No past medical history. (Mon Jun 30 2008 03:54 NAMC)

PSYCHIATRIC HISTORY: No previous psychiatric history. (06:52 AVP)

SURGICAL HISTORY: Patient has had no previous surgical history. (06:52 AVP)

SOCIAL HISTORY: Lives with others. (06:52 AVP)

FAMILY HISTORY: Family history is not contributory to this case. (06:52 AVP)

NOTES: Nursing records reviewed, Agree with nursing records. (06:52 AVP)

## **HPI JAW PAIN** (04:19 EBHE)

CHIEF COMPLAINT: Patient presents for the evaluation of jaw injury, bilaterally, assault, direct blow.

HISTORIAN: History obtained from patient.

TIME COURSE: Onset of symptoms reported as sudden, Onset was 10:30pm.

LOCATION: Pain most severe in left mandible.

QUALITY: Pain is dull.

ASSOCIATED WITH: malocclusion.

SEVERITY: Maximum severity is moderate, Currently symptoms are moderate.

NOTES: 25M assaulted appx 6 hours ago, sent in by MSH Queens for mandible fracture. Here pt denies LOC, neck pain. C/o jaw pain only, recieved 2mg morphine, tetanus, clinda, negative head ct prior to transfer. Reports malalignment of jaw. Denies drugs/Etoh. Appears well in NAD..

# MOUNT SINAI ED EMERGENCY RECORD

Plaza, Benjamin  
DOB: 10/5/1982 M25  
Wt/Ht:  
MedRec: 000002891398  
AcctNum: 000044719928

## PHYSICAL EXAM (04:20 EBHE)

**CONSTITUTIONAL:** Patient is afebrile, Vital signs reviewed. Patient has normal pulse, normal blood pressure, normal respiratory rate, Well appearing. Patient appears comfortable, Alert and oriented X 3.

**HEAD:** Atraumatic, Normocephalic.

**EYES:** Eyes are normal to inspection, Pupils equal, round and reactive to light. No discharge from eyes, Extraocular muscles intact, Sclera are normal, Conjunctiva are normal.

**ENT:** Ears normal to inspection, Nose examination normal, Mucous membranes pink, moist, normal in color, malocclusion evident on left jaw, no active bleeding. Tender TMJs bilat.

**NECK:** Normal ROM. No jugular venous distention, meningeal signs, Trachea normal, No abrasions, contusions, Nontender, No masses, lymphadenopathy, ecchymosis.

**RESPIRATORY CHEST:** Chest is nontender. Breath sounds normal. No respiratory distress.

**CARDIOVASCULAR:** Assessment includes: RRR. No murmurs. Normal S1 S2, No rub, No gallop, PMI normal to palpation, BP normal in both arms, Femoral pulses normal.

**ABDOMEN:** Assessment includes: Abdomen is nontender. No masses, pulsatile masses, other masses, Bowel sounds normal, No distension, peritoneal signs, hernias, McBurney's point, non tender, No Murphy's sign, Liver and spleen normal.

**BACK:** No CVA tenderness. Normal inspection, No spine tenderness, No scoliosis.

**UPPER EXTREMITY:** Inspection normal. No cyanosis, clubbing, edema. Normal range of motion.

**LOWER EXTREMITY:** Inspection normal.

**NEURO:** GCS is 15, Speech normal, Gait normal, Memory normal.

**SKIN:** Skin is warm, Skin is dry, Skin is normal color.

**PSYCHIATRIC:** Oriented X 3. Normal affect, insight, concentration.

## ATTENDING (04:45 AVP)

**ADDITIONAL NOTES:** 25M sent from MSHQ for mandible fx. pt was assaulted earlier this evening. rec'd mso4, clinda, tetanus prior to arrival.

pe:nad

heent:nc/at, +malocclusion, +tenderness midline and L.ramus

heart:rrr

lungs:cta

abd:sntnd+bs

a/p: jaw fracture

- preop labs

- omfs consult.

## MEDICATION ADMINISTRATION SUMMARY (16:47)

Drug Name	Dose	Route	Status	Ordered
Morphine Sulfate	4mg	IVPB	Given	04:10 6/30/2008
Dilaudid	2mg	IV infusion	Given	08:36 6/30/2008
Dilaudid	2mg	IV infusion	Given	15:59 6/30/2008

Detailed record available in Medication Service section.

## RESULTS

(04:41 EBHE)

Measurement	Result	Units	Range
ER VENOUS PANEL Mon Jun 30 2008 04:34			
WB CREATININE - VEN	1.3	MG/DL	0.7-1.4
HEMATOCRIT - VEN	45	%	

# MOUNT SINAI ED EMERGENCY RECORD

Plaza, Benjamin  
DOB: 10/5/1982 M25  
Wt/Ht:  
MedRec: 000002891398  
AcctNum: 000044719928

WB CHLORIDE - VEN	104	MEQ/L	96-108
WB CO2 - VEN	26	MEQ/L	24-32
WB UREA NITROGEN-VEN	12	MG/DL	10-30
WB GLUCOSE - VEN	93	MG/DL	60-120
WB SODIUM - VEN	142	MEQ/L	135-145
WB POTASSIUM - VEN	3.7	MEQ/L	3.5-5.0

(04:59 AVP)

Measurement	Result	Units	Range
CBC + PLT + DIFF Mon Jun 30 2008 04:40			
NRBC#	0.00	x10 <sup>3</sup> /uL	0.0-0.0
EOSINOPHIL #	0.0	x10 <sup>3</sup> /uL	0.0-0.6
BASOPHIL #	0.1	x10 <sup>3</sup> /uL	0.0-0.2
NUCLEATE RBC%	0.00	%	0.0-0.0
NEUTROPHIL #	13.2	x10 <sup>3</sup> /uL	1.9-8.0
LYMPHOCYTE #	1.0	x10 <sup>3</sup> /uL	1.0-4.5
MONOCYTE #	0.9	x10 <sup>3</sup> /uL	0.2-1.0
MONOCYTE %	5.6	%	2.0-11.0
EOSINOPHIL %	0.0	%	0.0-5.0
BASOPHIL %	0.6	%	0.0-1.0
MEAN PLT VOLUME	9.3	FL	7.4-12.0
NEUTROPHIL %	87.2	%	40.0-78.0
LYMPHOCYTE %	6.6	%	15.0-50.0
MEAN CORP. HGB CONC.	33.6	G/DL	32.0-35.0
RED DISTRIB. WIDTH	13.8	%	11.5-15.0
PLATELET	175	x10 <sup>3</sup> /uL	150-450
HEMATOCRIT	43.6	%	42.0-52.0
MEAN CORP. VOLUME	102.2	FL	80.0-98.0
MEAN CORP. HGB	34.3	PG	27.0-32.0
WHITE BLOOD CELL	15.1	x10 <sup>3</sup> /uL	4.5-11.0
RED BLOOD CELL	4.27	x10 <sup>6</sup> /uL	4.50-6.00
HEMOGLOBIN	14.6	G/DL	13.9-16.3

(05:30 EBHE)

Measurement	Result	Units	Range
PRDTHROMBIN TIME Mon Jun 30 2008 04:34			
PROTHROMBIN TIME	HEMOLYZED, PLEASE RESUBMIT		

## LAB INTERPRETATION (06:52 AVP)

**INTERPRETATION:** I reviewed the lab results, Elevated WBC.

## ASSESSMENT: ENT (04:36 NSD)

**CONSTITUTIONAL:** Complex assessment performed. History obtained from patient. Patient appears comfortable.

Patient is cooperative, alert and oriented x 3, Patient arrives to treatment area via EMS, Patient assisted to cart. Patient appears in pain distress.

**ENT:** Pain described as dull.

**RESPIRATORY/CHEST:** No complaint of pain. Breath sounds clear bilaterally. No acute respiratory distress, intercostal retractions, supraclavicular retractions, Equal chest expansion, No nasal flaring, cough.

**NOTES:** PT IS A 25 Y O M AX0X3, TRANSFERRED FROM MSH OF QUEENS C/O PAIN TO JAW R/T FRACTURED JAW PLACES S/P PHYSICAL ASSAULT BY TWO PEOPLE. DENIES LOC. WAS EVALUATED. LAB DRAW FROM EXISTIN MED.

**SAFETY:** Side rails up; Cart in lowest position, Family at bedside.

## ASSESSMENT: FOCUSED (07:39 NAOL)

**TIME ASSESSED:** Patient was assessed at 0720.

**NURSING DIAGNOSIS:** alteration in comfort.

**CONSTITUTIONAL:** Patient is cooperative, alert and oriented x 3. Patient appears in no acute distress, Patient's skin is warm and dry, Patient's mucous membranes are moist and pink.

**MOUNT SINAI ED  
EMERGENCY RECORD**

Plaza, Benjamin  
DOB: 10/5/1982 M25  
Wt/Ht:  
MedRec: 000002891398  
AcctNum: 000044719928

**PAIN SCALE:** Jaw, On a scale 0-10 patient rates pain as 9, Quality of pain is sharp.

**EYES:** Eyes are PERRL.

**NEURO:** Orientation: Alert, Oriented, Behavior: Cooperative.

**GCS:** GCS Eye Opening: Spontaneously (4), GCS Verbal Response: Oriented/conversive (5), GCS Motor Response: Obeys commands(6), The GCS total is 15.

**RESPIRATORY:** Breath sounds: Breath sounds are clear, bilaterally.

**NOTES:** Pt was seen and examined by maxillofacial surgery pt for possible surgery, pt maintained npo..

**SAFETY:** Side rails up, Cart in lowest position, Family at bedside, Call light within reach.

**NURSING PROCEDURE: IV** (04:27 NSD)

**TIME:** Patient's identity verified by, patient stating name, patient stating birth date, hospital ID bracelet, family member, Indications for procedure: medication administration, IV established, 18 gauge catheter inserted, into right antecubital, #1 site, Procedure done by from ms of queens.

**NURSING PROCEDURE: LAB DRAW** (04:28 NSD)

**TIME:** Patient's identity verified by, patient stating name, patient stating birth date, hospital ID bracelet, family member, Indications for procedure: obtain specimens for evaluation, Initial lab draw, Existing IV site, left ac, Lab specimens labeled in the presence of the patient and sent to lab.

**NURSING PROCEDURE: NURSE NOTES** (08:50 NAOL)

**TIME:** Teeth wired by Dr Goulston, pt AOX3 no respiratory distress..

**PAIN SCALE:** No complaint of pain, History location is: jaw, The quality of the pain is sharp, Pain is constant, On a scale 0-10 patient rates pain as 10.

**VITAL SIGNS:** BP: 134, / 78, Pulse: 76, Resp: 18, Pain: 10, O2 sat: 100, RA.

**NURSING PROCEDURE: TRANSPORT TO TESTS** (09:08 NAOL)

**TIME:** Patient's identity verified by, patient stating name, patient stating birth date, Indications for test: facilitate diagnosis, Patient transported to, Elsewhere maxillofacial clinic, Patient transported via, wheelchair, Pt transported by Dr Goulston to have xrays in the clinic.

**SAFETY:** Side rails up, Cart in lowest position, Family at bedside, Call light within reach.

**NURSING PROCEDURE: TRANSPORT TO TESTS** (09:08 NAOL)

**VITAL SIGNS:** Pulse: 78, Pain: 8, O2 sat: 100, RA.

**NURSING PROCEDURE: TRANSPORT TO TESTS** (10:26 NAOL)

**TIME:** After procedure, patient returned to ED at 1025.

**VITAL SIGNS:** Pain: 5.

**NURSING PROCEDURE: NURSE NOTES** (13:39 NAOL)

**TIME:** Patient resting quietly.

**NURSING PROCEDURE: NURSE NOTES** (16:18 NAOL)

**PAIN SCALE:** History location is: jaw, The quality of the pain is sharp, Pain is intermittent, On a scale 0-10 patient rates pain as 8.

**NURSING PROCEDURE: ADMISSION** (16:38 NAOL)

**TIME:** Patient admitted to room 8c 210A, Patient acuity level was urgent, Patient admitted to, med-surg unit, Report called/faxed to RN Raya, Patient transported via, cart, Accompanied by, transport, Belongings are, with patient.

**MOUNT SINAI ED  
EMERGENCY RECORD**

**Plaza, Benjamin**  
DOB: 10/5/1982 M25  
Wt/Ht:  
MedRec: 000002891398  
AcctNum: 000044719928

**EQUIPMENT WITH PATIENT:** Pt AOX3 pain is getting relieved, no respiratory distress.

**ORDERS**

ER VENOUS PANEL by EBHE for EBHE on Mon Jun 30 2008 04:12 Status: Done Mon Jun 30 2008 04:37.  
PT by EBHE for EBHE on Mon Jun 30 2008 04:12 Status: Done Mon Jun 30 2008 05:12.  
Type and Hold by EBHE for EBHE on Mon Jun 30 2008 04:12 Status: Done by NSD Mon Jun 30 2008 04:13.  
CBC, PLT and DIFF by EBHE for EBHE on Mon Jun 30 2008 04:12 Status: Done Mon Jun 30 2008 04:50.  
PTT by EBHE for EBHE on Mon Jun 30 2008 04:12 Status: Active.

**PRESCRIPTION: No Documented Prescriptions**

**DISPOSITION** (07:58 YMT1)

**PATIENT:** Disposition Transport: Ambulatory, Condition: 'Stable.

**COMMUNICATION**

**NOTES:** GREET NOT ENTERED BY AMAC---. (04:08 XLM)  
REACH OMFS, PER ED DR HEXOM---. (04:12 XLM)  
PAGED OMFS--PGR 917 632 1619---. (04:13 XLM)  
PATCHED OMFS TO ED DR HEXOM---. (04:15 XLM)  
OMFS CB RE: PATCH TO DR HEXOM--PATCHED OMFS TO ED DR HEXOM UPON REQUEST---. (04:19 XLM)  
OMFS CLD RE: PATCH TO DR HEXOM--PATCHED OMFS TO ED DR HEXOM UPON REQUEST---. (04:43 XLM)  
REACH OMFS, PER ED DR TRICAMO---. (07:27 XLM)  
PAGED OMFS--PGR 917 632 1619---. (07:27 XLM)  
728A--PATCHED OMFS TO ED DR TRICAMO---. (07:30 XLM)  
PATCH TO DR TRICAMO, PER OMFS--PATCHED OMFS TO ED DR TRICAMO UPON REQUEST---. (07:35 XLM)  
PER IBEX COMM NOTES AND NON-AMAC GREET PROTOCOL: OMFS IS AWARE RE: PT ADMISSION (BEDBOAR  
(08:00 XLM)

**MEDICATION SERVICE**

**Dilaudid:** Order: Dilaudid : 2mg : IV infusion

POTENTIAL MODERATE INTERACTION: Morphine Sulfate

Ordered: Mon Jun 30 2008 08:36

Ordered by: Michelle Tricamo, MD

Entered by: Michelle Tricamo, MD Mon Jun 30 2008 08:36

Acknowledged by: Anicia Obispo-Lopez, RN Mon Jun 30 2008 08:39

Documented as given by: Anicia Obispo-Lopez, RN Mon Jun 30 2008 08:49

Patient, Medication, Dose, Route and Time verified prior to administration.

MEDICATION , Given in amount and via route as prescribed, IV site 1, Medication administered into left AC, IVP, Slowly, Catheter placement confirmed via flush prior to administration, IV site without signs or symptoms of infiltration during medication administration, No swelling during administration, No drainage during administration, IV flushed after administration, Correct patient, time, route, dose and medication confirmed prior to administration, Patient advised of actions and side-effects prior to administration, Allergies confirmed and medications reviewed prior to administration, Patient in position of comfort, Side rails up, Cart in lowest position, Family at bedside. (08:36 YMT1)

**Dilaudid:** Order: Dilaudid : 2mg : IV infusion

POTENTIAL MODERATE INTERACTION: Morphine Sulfate

Ordered: Mon Jun 30 2008 15:59

Ordered by: Meika .Neblett, MD

Entered by: Meika .Neblett, MD Mon Jun 30 2008 15:59



# MOUNT SINAI ED EMERGENCY RECORD

Plaza, Benjamin  
DOB: 10/5/1982 M25  
Wt/Ht:  
MedRec: 000002891398  
AcctNum: 000044719928

Documented as given by: Anicia Obispo-Lopez, RN Mon Jun 30 2008 16:17

Patient, Medication, Dose, Route and Time verified prior to administration.

MEDICATION, Given in amount and via route as prescribed, IV site 1, Medication administered into left AC, IVP, Slowly, Catheter placement confirmed via flush prior to administration, IV site without signs or symptoms of infiltration during medication administration, No swelling during administration, No drainage during administration, IV flushed after administration, Correct patient, time, route, dose and medication confirmed prior to administration, Patient advised of actions and side-effects prior to administration, Allergies confirmed and medications reviewed prior to administration, Patient in position of comfort, Side rails up, Cart in lowest position, Family at bedside. (15:59 AMN)

Morphine Sulfate: Order: Morphine Sulfate : 4mg : IVPB

Time: now

Ordered: Mon Jun 30 2008 04:10

Ordered by: Braden Hexom, MD

Entered by: Braden Hexom, MD Mon Jun 30 2008 04:10

Acknowledged by: Sophie Damas, RN Mon Jun 30 2008 04:11

Documented as given by: Sophie Damas, RN Mon Jun 30 2008 04:26

Patient, Medication, Dose, Route and Time verified prior to administration.

MEDICATION, Given in amount and via route as prescribed, IVP, Slowly, Catheter placement confirmed via flush prior to administration, IV site without signs or symptoms of infiltration during medication administration, No swelling during administration, No drainage during administration, IV flushed after administration, Correct patient, time, route, dose and medication confirmed prior to administration, Patient advised of actions and side-effects prior to administration, Allergies confirmed and medications reviewed prior to administration.

(04:10 EBHE)

## IMAGING

FACE SHEET: Image captured from scanner. (05:07 RISJ)

TRANSFER FORMS (IN AND OUT): Image captured from scanner. (05:08 RISJ)

Page 002 addedImage captured from scanner. (05:08 RISJ)

Page 003 addedImage captured from scanner. (05:08 RISJ)

Page 004 addedImage captured from scanner. (05:09 RISJ)

Page 005 addedImage captured from scanner. (05:09 RISJ)

Page 006 addedImage captured from scanner. (05:09 RISJ)

Page 007 addedImage captured from scanner. (05:10 RISJ)

Page 008 addedImage captured from scanner. (05:10 RISJ)

Page 009 addedImage captured from scanner. (05:10 RISJ)

Page 010 addedImage captured from scanner. (05:10 RISJ)

AMBULANCE RUN SHEET: Image captured from scanner. (05:10 RISJ)

Page 002 addedImage captured from scanner. (05:11 RISJ)

MEDICARE DISCHARGE APPEAL: Image captured from scanner. (05:16 RISJ)

SIGNED AUTH AND AGREEMENTS FORM: Image captured from scanner. (05:17 RISJ)

PROXY QUESTIONNAIRE: Image captured from scanner. (05:18 RISJ)

NOPP: Image captured from scanner. (05:18 RISJ)

## KEY:

AMN=Neblett, MD, Meika AVP=Patel, MD, Vaishali EBHE=Hexom, MD, Braden NAMC=Campbell, RN, Angela  
NAOL=Obispo-Lopez, RN, Anicia NSD=Damas, RN, Sophie RISJ=Jahan, REG, Ishrat XLM=Medina, AMAC, Lidia  
YMT1=Tricamo, MD, Michelle

# MOUNT SINAI ED RESULTS RECORD

Plaza, Benjamin  
DOB: 10/5/1982 M25  
Wt/Ht:  
MedRec: 000002891398  
AcctNum: 000044719928

## Patient Data

Complaint: Broken Jaw  
Triage Time: Mon Jun 30 2008 03:54  
Urgency: ESI Level 3  
Room: ED NORTH 05A  
Initial Vital Signs:  
BP:142/73  
P:76

R:20  
T:36.5t

ED Attending: .Patel, MD, Vaishali  
Primary RN: Parayno, RN, Epifania  
Sat:100% on ra  
Pain:5

## RESULTS

Measurement	Result	Units	Range
ER VENOUS PANEL Mon Jun 30 2008 04:34			
WB CREATININE - VEN	1.3	MG/DL	0.7-1.4
HEMATOCRIT - VEN	45	%	
WB CHLORIDE - VEN	104	MEQ/L	96-108
WB CO2 - VEN	26	MEQ/L	24-32
WB UREA NITROGEN - VEN	12	MG/DL	10-30
WB GLUCOSE - VEN	93	MG/DL	60-120
WB SODIUM - VEN	142	MEQ/L	135-145
WB POTASSIUM - VEN	3.7	MEQ/L	3.5-5.0

Measurement	Result	Units	Range
CBC + PLT + DIFF Mon Jun 30 2008 04:40			
NRBC#	0.00	x10 3/uL	0.0-0.0
EOSINOPHIL #	0.0	x10 3/uL	0.0-0.6
BASOPHIL #	0.1	x10 3/uL	0.0-0.2
NUCLEATE RBC%	0.00	%	0.0-0.0
NEUTROPHIL #	13.2	x10 3/uL	1.9-8.0
LYMPHOCYTE #	1.0	x10 3/uL	1.0-4.5
MONOCYTE #	0.9	x10 3/uL	0.2-1.0
MONOCYTE %	5.6	%	2.0-11.0
EOSINOPHIL %	0.0	%	0.0-5.0
BASOPHIL %	0.6	%	0.0-1.0
MEAN PLT VOLUME	9.3	FL	7.4-12.0
NEUTROPHIL %	87.2	%	40.0-78.0
LYMPHOCYTE %	6.6	%	15.0-50.0
MEAN CORP. HGB CONC.	33.6	G/DL	32.0-35.0
RED DISTRIB. WIDTH	13.8	%	11.5-15.0
PLATELET	175	x10 3/uL	150-450
HEMATOCRIT	43.6	%	42.0-52.0
MEAN CORP. VOLUME	102.2	FL	80.0-98.0
MEAN CORP. HGB	34.3	PG	27.0-32.0
WHITE BLOOD CELL	15.1	x10 3/uL	4.5-11.0
RED BLOOD CELL	4.27	x10 6/uL	4.50-6.00
HEMOGLOBIN	14.6	G/DL	13.9-16.3

Measurement	Result	Units	Range
PROTHROMBIN TIME Mon Jun 30 2008 04:34			
PROTHROMBIN TIME	HEMOLYZED, PLEASE RESUBMIT		

## ATTENDING

ADDITIONAL NOTES: 25M sent from MSHQ for mandible fx. pt was assaulted earlier this evening. rec'd mso4,  
clinda, tetanus prior to arrival.  
pe:nad  
heent:nc/at, +malocclusion, +tenderness midline and L ramus  
heart:rrr  
lungs:cta  
abd:sntnd+bs

**MOUNT SINAI ED  
RESULTS RECORD**

**Plaza, Benjamin**  
DOB: 10/5/1982 M25  
Wt/Ht:  
MedRec: 000002891398  
AcctNum: 000044719928

---

a/p: jaw fracture  
- preop labs  
- omfs consult.

# MOUNT SINAI ED PHYSICIAN SUMMARY RECORD

Plaza, Benjamin  
 DOB: 10/5/1982 M25  
 Wt/Ht:  
 MedRec: 000002891398  
 AcctNum: 000044719928

## Patient Data

Complaint: Broken Jaw  
 Triage Time: Mon Jun 30 2008 03:54  
 Urgency: ESI Level 3  
 Room: ED NORTH 05A  
 Initial Vital Signs:

BP:142/73  
 P:76

R:20  
 T:36.5t

ED Attending: .Patel, MD, Vaishali  
 Primary RN: Parayno, RN, Epifania  
 Sat:100% on ra  
 Pain:5

## DIAGNOSIS (07:58 YMT1)

FINAL: PRIMARY: Fracture - mandible, open , ADDITIONAL: Fracture - mandible, open.

## KNOWN ALLERGIES

No known drug allergies.

## CURRENT MEDICATIONS (03:55 NAMC)

Patient not taking any medications

## GREET (02:42 AVP)

NOTES: Notes: 25M s/p assault - +jaw fx, +lac to ear - repaired; s/p tetanus and clinda iv. to be seen by omfs - dr pourtemour.

GREET: Greet: Mon Jun 30 2008 02:42.

## HPI JAW PAIN (04:19 BBHE)

CHIEF COMPLAINT: Patient presents for the evaluation of jaw injury, bilaterally, assault, direct blow.

HISTORIAN: History obtained from patient.

TIME COURSE: Onset of symptoms reported as sudden, Onset was 10:30pm.

LOCATION: Pain most severe in left mandible.

QUALITY: Pain is dull.

ASSOCIATED WITH: malocclusion.

SEVERITY: Maximum severity is moderate, Currently symptoms are moderate.

NOTES: 25M assaulted appx 6 hours ago, sent in by MSH Queens for mandible fracture. Here pt denies LOC, neck pain. C/o jaw pain only, recieved 2mg morphine, tetanus, clinda, negative head ct prior to transfer. Reports malalignment of jaw. Denies drugs/Etoh. Appears well in NAD. .

## PHYSICAL EXAM (04:20 BBHE)

CONSTITUTIONAL: Patient is afebrile, Vital signs reviewed. Patient has normal pulse, normal blood pressure, normal respiratory rate, Well appearing. Patient appears comfortable, Alert and oriented X 3.

HEAD: Atraumatic, Normocephalic.

EYES: Eyes are normal to inspection, Pupils equal, round and reactive to light. No discharge from eyes, Extraocular muscles intact, Sclera are normal, Conjunctiva are normal.

ENT: Ears normal to inspection, Nose examination normal, Mucous membranes pink, moist, normal in color, malocclusion evident on left jaw, no active bleeding. Tender TMJs bilat..

NECK: Normal ROM. No jugular venous distention, meningeal signs, Trachea normal, No abrasions, contusions, Nontender, No masses, lymphadenopathy, ecchymosis.

RESPIRATORY CHEST: Chest is nontender. Breath sounds normal. No respiratory distress.

CARDIOVASCULAR: Assessment includes: RRR. No murmurs. Normal S1 S2, No rub, No gallop, PMI normal to palpation, BP normal in both arms, Femoral pulses normal.

ABDOMEN: Assessment includes: Abdomen is nontender. No masses, pulsatile masses, other masses, Bowel sounds normal, No distension, peritoneal signs, hernias, McBurney's point, non tender, No Murphy's sign, Liver and

# MOUNT SINAI ED PHYSICIAN SUMMARY RECORD

Plaza, Benjamin  
DOB: 10/5/1982 M25  
Wt/Ht:  
MedRec: 000002891398  
AcctNum: 000044719928

spleen normal.

BACK: No CVA tenderness. Normal inspection, No spine tenderness, No scoliosis.

UPPER EXTREMITY: Inspection normal. No cyanosis, clubbing, edema. Normal range of motion.

LOWER EXTREMITY: Inspection normal.

NEURO: GCS is 15, Speech normal, Gait normal, Memory normal.

SKIN: Skin is warm, Skin is dry, Skin is normal color.

PSYCHIATRIC: Oriented X 3. Normal affect, insight, concentration.

## ATTENDING (04:45 AVP)

ADDITIONAL NOTES: 25M sent from MSHQ for mandible fx. pt was assaulted earlier this evening. rec'd mso4, clinda, tetanus prior to arrival.

pe:nad

heent:nc/at, +malocclusion, +tenderness midline and L ramus

heart:rrr

lungs:cta

abd:sntnd+bs

a/p: jaw fracture

- preop labs

- omfs consult.

## RESULTS

(04:41 EBHE)

Measurement	Result	Units	Range
ER VENOUS PANEL Mon Jun 30 2008 04:34			
WB CREATININE - VEN	1.3		
HEMATOCRIT - VEN	45	MG/DL	0.7-1.4
WB CHLORIDE - VEN	104	%	
WB CO2 - VEN	26	MEQ/L	96-108
WB UREA NITROGEN- VEN	12	MEQ/L	24-32
WB GLUCOSE - VEN	93	MG/DL	10-30
WB SODIUM - VEN	142	MG/DL	60-120
WB POTASSIUM - VEN	3.7	MEQ/L	135-145
		MEQ/L	3.5-5.0

(04:59 AVP)

Measurement	Result	Units	Range
CBC + PLT + DIFF Mon Jun 30 2008 04:40			
NRBC#	0.00		
EOSINOPHIL #	0.0	x10 3/uL	0.0-0.0
BASOPHIL #	0.1	x10 3/uL	0.0-0.6
NUCLEATE RBC%	0.00	x10 3/uL	0.0-0.2
NEUTROPHIL #	13.2	%	0.0-0.0
LYMPHOCYTE #	1.0	x10 3/uL	1.9-8.0
MONOCYTE #	0.9	x10 3/uL	1.0-4.5
MONOCYTE %	5.6	x10 3/uL	0.2-1.0
EOSINOPHIL %	0.0	%	2.0-11.0
BASOPHIL %	0.6	%	0.0-5.0
MEAN PLT VOLUME	9.3	%	0.0-1.0
NEUTROPHIL %	87.2	FL	7.4-12.0
LYMPHOCYTE %	6.6	%	40.0-78.0
MEAN CORP. HGB CONC.	33.6	%	15.0-50.0
RED DISTRIB. WIDTH	13.8	G/DL	32.0-35.0
PLATELET	175	%	11.5-15.0
HEMATOCRIT	43.6	x10 3/uL	150-450
MEAN CORP. VOLUME	102.2	%	42.0-52.0
MEAN CORP. HGB	34.3	FL	80.0-98.0
WHITE BLOOD CELL	15.1	PG	27.0-32.0
RED BLOOD CELL	4.27	x10 3/uL	4.5-11.0
HEMOGLOBIN	14.6	x10 6/uL	4.50-6.00
		G/DL	13.9-16.3

# MOUNT SINAI ED PHYSICIAN SUMMARY RECORD

Plaza, Benjamin  
DOB: 10/5/1982 M25  
Wt/Ht:  
MedRec: 000002891398  
AcctNum: 000044719928

(05:30 EBHE)

Measurement	Result	Units	Range
PROTHROMBIN TIME Mon Jun 30 2008 04:34			
PROTHROMBIN TIME	HEMOLYZED, PLEASE RESUBMIT		

## MEDICATION ADMINISTRATION SUMMARY (16:47)

Drug Name	Dose	Route	Status	Ordered
Morphine Sulfate	4mg	IVPB	Given	04:10 6/30/2008
Dilaudid	2mg	IV infusion	Given	08:36 6/30/2008
Dilaudid	2mg	IV infusion	Given	15:59 6/30/2008

Detailed record available in Medication Service section.

### KEY:

AVP=.Patel, MD, Vaishali EBHE=Hexom, MD, Braden NAMC=Campbell, RN, Angela YMT1=Tricamo, MD, Michelle

Mount Sinai of Queens  
EMERGENCY FLOW SHEET RECORD  
Name: Plaza Jr, Benjamin Age: 25Y MR: Q794825 Acct: QB300479155

## VITAL SIGNS

User	Date/Time	BP	PULSE	RESP	TEMP	PAIN	O2 SAT	TIME
NAR2	06/30 02:30	112/68	68	18		0	98	
NLM	06/29 23:35	58/28	51	20				

Name: Plaza Jr, Benjamin Age: 25Y MR: Q794825 Acct: QB300479155  
Prepared: Mon Jun 30 03:01:57 2008 by CJS Page: 1

**THE MOUNT SINAI MEDICAL CENTER**ONE GUSTAVE L. LEVY PLACE  
NEW YORK, NY 10029-6574**PROGRESS NOTES**

Enter date, time and title (MD., R.N., L.P.N., S.W., etc) in left hand column.

SIGN each entry with first initial, last name and title.

Doctors please add your dictation code number after signature.

Haza, Benjamin  
2871398

DATE

NAME

UNIT NO.  
SEX/DOBSERIAL NO.  
LOCATIONPHYSICIAN  
SERVICEDate  
Time  
Title

6:45 Oral Surgery - Abscess NT

4/20/18  
6:4525 yo M, & Pwllx, slp account, 1313A MSD,  
do jaw pain, unrelaxation. & hor & dark pain.  
& NIP. Punched in jaw, back of head. Series neurosensory  
A's. No pain.

&amp; Pwllx

H/o Absc Surgery (R) in past. Patient.

&amp; Wound

NKDA

&amp; T/E/D

VS: 158/80, RR: 36, 16, 100% RA

CT: RPP, N, S.S., &amp; Neg

Phys: (N/A), &amp; WFF

A&amp;D, S&amp;T, N/A, N/A, N/A

St: (1) Abscess. IV access site E. r/s/s. Infection.

Neuro: A's D&amp;S, Consent: Mentating. (N/A)

Maxilla: (1) Preauricular Swelling (+) tenderness

(+). Submental Swelling: least tender. MID = 10mm

Voluntarily; (2) Ear location (repaired in ED).

Minor abrasions. 2nd &amp; 3rd extraorally. I/O → 9mm

location: 7mm deep laterally. MID #22. (+) submental

of segments OFOM chyma. Dehiscence start on (R) at

left &amp; contact.

15' 142 104 12 < 93  
3 26 3

CT: (1) Sinus - 2nd Sinus

R, (1) Submental Swelling

Head CT - &amp; read





**THE MOUNT SINAI MEDICAL CENTER**ONE GUSTAVE L. LEVY PLACE  
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MRN - 2891398 M  
V - 44719928  
CALAT, PAULMED  
10/5/1982 N08C  
6/30/2008  
03345

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Date  
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Title

6/30/08 DMS Attending note  
1930 (cont) minor abrasions on face. max opening < 1cm  
a PAW. gross malocclusion & large step deformity  
① ecchymosis and swelling of floor of mouth.  
② Nausea absent.  
RAD: Bilateral mandible fracture (Bony & ⑤ Body and  
LABS 15.1 < 1X 142/104/12 < 93 Synovial  
43x 3.7/26/1.3  
A ① Bilateral mandible fracture  
② Pain ③ DU ABX  
④ TO D.C. FOR DRIF  
⑤ DL to home  
Added: "multiple attempts were made to achieve temporary  
sedation in the E.R. & patient was not able to tolerate"

J. Calat  
03345

7/1/08 Pain SVC / Anesthesiology  
0020 After speaking to nurse on floor it has come to my  
attention that there is a policy forbidding scheduled PCA  
on this floor. Will give pt scheduled long IV q 3h  
PRN pain.

J. Mooney  
64370



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Date  
Time  
Title

7/1/08 Focus: Health Management  
 1500 Data: Pt received APOX3, admitting diagnosis  
 N56 of B/L mandibular fx. Hx assault.  
 Pt scheduled for surgery today.  
 Plasmalyte infusing at 25ml/hr.  
 OOB > B2L. Pt 90 pain 8/10. VS: 92/52  
 HR=67. RR=18 T=

Action: Vital signs and comfort level assessed.  
 assessed bleeding and O2 sat  
 assessed. Dilaudid 1mg given IV  
 as ordered. Scheduled antibiotics  
 given as ordered. Fall precautions  
 implemented. Pt instructed to call  
 for assistance when need. Call  
 bell within easy reach.

Response: No acute distress noted. Pt denies  
 pain at this time. Pt awaiting  
 transportation to OR.

7/1/08 Addendum:  
 1600 Pt ordered PCA Hydromorphone @ 1424.  
 N56 MD PCA Hydromorphone not to be initiated  
 per MD Goldstein's orders @ 42681  
 Verbal ordered. PCA not initiated. (Initials)  
 Pt transported to OR — (Initials)

7/1/08 Dr's Addendum notes  
 25 y/o ♂ with multiple mandible fractures  
 in OR for ORIF treatment of fractures.



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Date  
Time  
Title

7/1/08 Focus: Re. op. Stds

0200 Date: Pt. A to x3. s/p assault 6/29 - 6/7. mond. 36  
 RN Receive anal P. er 10be assessment. Assessing repair  
 of mond. 36 fracture. Pt. MPO. Pt. on WBS. P. on  
 pain, no relief to Dilaudid PO. Pain to face, 9/10  
 Achon. Maintained IVF. Alerted MD to pain. Pain  
 service consulted. Adm. Dilaudid 1mg IV Q3H PRN.  
 Monitored vitals, pt comfort.

Response: Pt. resting comfortably. Tol. NPO. Wtals  
 119/68, P-62, R-18, T-36.6. S/Merlin RN

D-1-A-2

C.A. PROGRESS NOTES







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6/30/2008

CALAT, PAUL

03345

Date  
Time  
Title

7/1/08

14:20

Pain off.  
Pt seen, evaluated & Dr. Janow -  
Agree & Note/PLAN.  
Restart IVPCA Dilaudid 0.2/8  
(No restrictions on PC)

B. Vasharsky  
(11471)

D-1-A-2

PROGRESS NOTES



**THE MOUNT SINAI MEDICAL CENTER**

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NEW YORK, NY 10029-6574

## PROGRESS NOTES

PLAZA, BENJAMIN  
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V - 44719928  
CALAT, PAUL

**MED**  
**10/5/1982**      **N08C**  
**6/30/2008**  
**03345**

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Date	Time	Title
------	------	-------

9/1/08 Another Alex:  
1850 Chartless & pt under d. Puntex.  
PD 70. Spinal interval.  
PS 40 h. path. malig. on F  
of neck & distal 2° ascend.  
of head & tana, of spine & ure  
XXXX. KIRMA 1 Bo. nasal  
wh. ad. h. p. 1/2 h. 2/3 h. 2/3 h.  
the a. p. to p. 2/3 h. 2/3 h. 2/3 h.  
on c. p. a. 2/3 h. 2/3 h. 2/3 h.

7/1/08 OMS Attending Note

2.1.200 25 yrs. male with multiple mandible fractures  
just completed successful closed reduction  
maxillomandibular fixation and intraoral  
ORIF under general anesthesia.

PLAN: OTD PACK THE TO FLOOR

(2) Postop Pharynx in Aortic

(3) Discharge to home on liquid diet.

Paul Calt, Dms  
DET 23345





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Date  
Time  
Title11/1/08  
23:10Oral Surgery - Right Q Note

Ref: Dr. Mand. Symphysis (L) Subcondylar Fr

Ref: Dr. Same

Procedure: ORIF Mandibular Symphysis Fr

Surgeons: Calat, Paul

Anesthetist: GA (Dr. Deiner, Dr. Pines)

Findings: Mandibular Fr @ Symphysis

Pre-op: Q

Complications: Q

Rx: TSC

IVF: 12cc morphine

Hardware: 2.0 mm X 4 hole Mandibular Plate,

4.0 Z. &amp; imp X 6 mm screws

Condition: Stable, extubated in OR

transferred to PACU in stable condition.

Michael Goulston, MD

Lic # 050810

Dictation # 62319



**THE MOUNT SINAI MEDICAL CENTER**ONE GUSTAVE L. LEVY PLACE  
NEW YORK, NY 10029-6574**PROGRESS NOTES**PLAZA, BENJAMIN  
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Date  
Time  
Title

7/2/08 DMFS Post-op Note

1200 Pt. c/o of some discomfort. Denies  
AM NIV / CR. SOB

VS: 98.3 / 156 / 75 / 99 / 17 / 100. NC @ 2L/min

+10 DR: 1L / 75 ml blood loss

L/D PAW: ~ 200 mmHg / 90 id yet

HEENT: (R) CNV3 paresthesia, mild lower 3rd nerve (R) hemorrhoids  
Car: S1-S2 KRR / occlusion stable

Lungs: CTABIC

Abd: Soft NTND

A/P: S/P ORIF of (R) symphyseal

fx and MTE of b/L mandible stable

- Cont. current management

- Post op Alimnam

Citra

62726



**THE MOUNT SINAI MEDICAL CENTER**ONE GUSTAVE L. LEVY PLACE  
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Date  
Time  
Title

7/2/08 Focus: Post-op management -  
 0330 Data: Pt AtoX3-DOB to bathroom - Received from PACU - S/P Repair  
 RN fractured mandible - Pt. arrived mandible wire cutters @ bedside  
 Bilateral focal swelling - Left side more swollen than right  
 side - Pt. given 1 pain shot in bathroom @ 7:50 PM. Pt. c/o pain 6/10 -  
 No c/o nausea - Voiding to bathroom - Pt. c/o SOB - Respiration 18 - <sup>SpO2</sup>  
 O2 sat 97% RA - Active bleeding observed -  
 Action: Assessed respiratory status, VS and comfort level - monitored  
 O2 saturation - HOB maintained elevated @ 30 degrees - Wire cutters  
 maintained @ bedside - Ice to face 20 minutes on, 20 minutes off -  
 Done - Administered Dilaudid 1mg IV as ordered for pain and  
 Dexamethasone 8mg IV as ordered - Pt. maintained humidified  
 air over face mask. Vasoactive pump + pleure in place - monitored  
 for active bleeding - ~~none~~ - Assisted pt as needed  
 Response: Pt. no acute distress @ present - Pt. resting/sleeping  
 in bed - O2 sat 97% - T 36.9 P 79 R 18 BP 131/72 @ 0410 - Pt. c/o moderate  
 pain control - Will continue to monitor progress - *Benjamin Plaza RN*



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Date  
Time  
Title

7/2/08

⊗ clis. Reports "trauma" (E) chin when asked.  
 ⊗ events, ⊗ PD get. & ⊗ NRS get

VS: 36°, 79, 18, 131/42

COT: PRR, n S.S.

Pulse: 72 (B)

Aox: S.A. NRS

Ext: ⊗ S/S, no trauma.

Maxilla: over incisor swelling, redness

cl. 2 PD #1, 1/2 on (E) to cotton wrap.

Bite intact. Swelling intact, in place.

Intermaxillary

~~Impression~~: PD #1, SP ORIF Symphysis,  
 ⊗ Submandibular Fr. Stable for now. &  
 good control, in place. Intermax.

- cross clis. for X-rays
- encourage PD clean
- Discharge planning

  
 Michael Goulston, MD  
 Lic # 050810  
 Dictation # 62319


# THE MOUNT SINAI MEDICAL CENTER

ONE GUSTAVE L. LEVY PLACE  
NEW YORK, NY 10029-6574

## PROGRESS NOTES

PLAZA, BENJAMIN  
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MED  
10/5/1982 N08C  
6/30/2008  
03345



Enter date, time and title (MD., RN., L.P.N., S.W., etc) in left hand column.

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Doctors please add your dictation code number after signature.

Date	Time	Title
------	------	-------

11/2/08

*[Handwritten signature]*  
*Plaza Benjamin MD*  
*to home today*

*[Handwritten signature]*  
 Michael E. Gordon, MD  
 Dictation 4 0019



THE MOUNT SINAI HOSPITAL  
NEW YORK, NEW YORK

## CONSULTATION REPORT

REQUESTED BY: Anesthetist M.D.  
SIGNATURE OF PHYSICIAN & SERVICE  
DICTATION NO: \_\_\_\_\_  
TO: \_\_\_\_\_ M.D.  
CONSULTING PHYSICIAN OR SERVICE

PLAZA, BENJAMIN  
MRN - 2891398 M 10/5/1982  
V - 44719928 6/30/2008  
CALAT, PAUL 03345



N08C

IVO ✓

DATE

NAME

UNIT NO.:  
SEX/D.O.B.SERIAL NO /  
LOCATIONPHYSICIAN/  
SERVICE

REQUESTING PHYSICIAN

CONSULTING

PHYSICIAN

## REASON FOR CONSULTATION:

DATE

25 yk old ♂ for mand fx repair under GA on Tuesday  
7/1/08.

PSH: (R) shoulder sx, foot sx - no h/o anesthetic problems; no h/o familial

HPF: Assault anesthetic problems.

## CONSULTANT'S FINDINGS: (HISTORY AND PHYSICAL)

\* Denies angina/SOB/GERD \*

PMH: Denies PMH

Allergies: NKDA

JH: φ tobacco, social EtOH, φ drugs.

Meds: Vicodin (foot pain)

Labs: 6/30/08 15.1  $\frac{14.6}{43.6}$  175  $\frac{142}{3.7}$   $\frac{104}{26}$   $\frac{12}{1.3}$  93

CE: Ht 6'1" wt 175 lbs

Airway - unable to assess MP class due to trismus, adequate neck ext prior to assault

Access - (D) AC # 20 g φ loose teeth.

Heart: KKK Lungs: CTAB.

## OPINION AND RECOMMENDATIONS:

25 yk old ASA I. ♂ for GA. R/B/A of anesthetic plan discussed.

All questions answered. NPO prior MN.

DATE 6/30/08 TIME 1840

SIGNATURE OF CONSULTANT

DPS

M.D.

DA-2

TITLE OF CONSULTANT

PLEASE DO NOT WRITE IN THIS SPACE - WRITE ON THIS SIDE OF PAPER ONLY

CHART COPY

THE MOUNT SINAI HOSPITAL  
NEW YORK, NEW YORK

## CONSULTATION REPORT

REQUESTED

BY:

SIGNATURE OF PHYSICIAN &amp; SERVICE

M.D.

DICTATION

NO:

TO:

Pain management

CONSULTING PHYSICIAN OR SERVICE

M.D.

PLAZA, BENJAMIN

MRN -2891398 M

V - 44719928

CALAT, PAUL

10/5/1982

6/30/2008

03345

N08C

DATE

NAME

UNIT NO./  
SEX/D.O.B.SERIAL NO./  
LOCATIONPHYSICIAN/  
SERVICE

REQUESTING PHYSICIAN

## REASON FOR CONSULTATION:

DATE

25 yo M slp mandible fx. Pain service consulted  
to manage pain for pt. Per OMFS resident via telephone,  
pt received insufficient analgesia from po dilaudid  
and states that morphine doesn't work for him

## CONSULTANT'S FINDINGS: (HISTORY AND PHYSICAL)

PMH: Ø

PSH: @ shoulder, foot

Meds: Ø @ home

Allergies: NKOT

Dilaudid 4 mg po q 4h prn

SH: Denies, F.H. N/C

Exam: 158/89

92

100% RA

A/A/O+3

RAD: jaw pain

Heet: Rx

Lungs: CTA

other Ø

MAE, No Rashes

Tabs: 15.1  $\frac{42}{37}$  175  $\frac{104}{20}$  12  $\frac{1.3}{1.3}$  93

## OPINION AND RECOMMENDATIONS:

Acute pain 2<sup>nd</sup> to mandible fx. Pain presently under control  
w/ po hydromorphone. Will start dilaudid PCA q. 2/8

DATE

7/1/08

TIME 0015

SIGNATURE OF CONSULTANT

M.D.

TITLE OF CONSULTANT

PHYSICIAN

D-1-A-20  
Rev. 7/97

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D-3-A-9A REV.2/81



6106

00 CUR ORD:-PLAZA, BENJAMIN-  
 CURRENT ORDERS SUMMARY  
 SUMMARY AS OF: 07/01 21:37

000002891398

Page 1

PLAZA, BENJAMIN

N08C 8210B

## PATIENT INFORMATION:

06/30 ATTENDING: CALAT, PAUL DMD 03345  
 06/30 ALLERGY: MEDS-NKDA  
 06/30 ADMIT DX: OPEN FRACTURE OF VAULT OF SKULL WITH CER

## NURSING ORDERS:

07/01 98 ICE TO FACE 20 MINUTES ON, 20 MINUTES OFF, <07/01/08>, (BMGN)  
 07/01 97 ELEVATE HEIGHT OF BED TO 30 DEGREES, <07/01/08>, (BMGN)  
 07/01 96 ACTIVITY: UP AD LIB, <07/01/08>, (BMGN)  
 07/01 94 WIRE CUTTERS AT BEDSIDE, <07/01/08>, (BMGN)

## DIET:

07/01 91 DIET: CLEAR LIQUID, <07/01/08>, (BMGN)

## MEDICATIONS:

07/01 105 DEXAMETHASONE INJ 8MG, IV Q8H X3DOSES, (07/01/08 22:00-07/02/08 14:00), (BMGN)  
 07/01 103 ACETAMINOPHEN ELIXIR (650MG/20ML) 650MG, PO Q4H PRN MILD PAIN, <07/01/08 21:22-...>, (BMGN)  
 07/01 102 DIPHENHYDRAMINE INJ 25MG, INDICATION:PT IS WIRED SHUT, IV Q6H PRN ITCH, <07/01/08 21:21-...>, (BMGN)  
 07/01 101 DIPHENHYDRAMINE INJ 50MG, INDICATION:PT IS WIRED SHUT, IV QHS PRN SLEEP, <07/01/08 21:19-...>, (BMGN)  
 07/01 100 MORPHINE INJ 4MG, IV Q3H PRN MODERATE PAIN, <07/01/08 21:17-...>, (BMGN)  
 07/01 99 FAMOTIDINE INJ 20MG, IV Q12H, (07/01/08 22:00-...), (BMGN)  
 07/01 95 ACETAMINOPHEN ELIXIR (650MG/20ML) 650MG, PO Q4H PRN FEVER, <07/01/08 21:14-...>, (BMGN)  
 07/01 93 CLINDAMYCIN INJ 600MG, IV Q8H, (07/01/08 22:00-...), (BMGN)  
 07/01 92 METOCLOPRAMIDE TAB 10MG, ROUTE:IVSS Q6H PRN N/V, <07/01/08 21:11-...>, (BMGN)

R=TIME TO RENEW

## IVS:

07/01 104 IV D5W 1/2NSS 1000ML, POTASSIUM CHLORIDE 20MEQ, 75ML/HR, CONTINUE UNTIL D/C, <07/01/08-...>, (BMGN)

## LABORATORY:

#07/01 58 (IN PROCESS) TYPE, 7.  
 , <07/01/08>, (PDCB)

END OF REPORT



**The Mount Sinai Hospital**  
One Gustave L. Levy Place  
New York, NY 10029

**UNIVERSAL PROTOCOL FOR PATIENT IDENTIFICATION  
AND PROCEDURE VERIFICATION**

PLAZA, BENJAMIN  
MRN - 2891398 M  
V - 44719928  
CALAT, PAUL

10/5/1982  
6/30/2008  
03345

N08C

Date  
Name  
Unit #  
Sex/DOB  
Physician Service

**PRE-PROCEDURE VERIFICATIONS** (Attestation BEFORE entering operating/procedure room or PRIOR to procedure in other areas.)

• **Patient Identification:**

Yes N/A

- ☒ ☐ Patient / Surrogate verified patient name and date-of-birth  
☒ ☐ ID Band checked for name, date-of-birth (DOB), and medical record number (MRN)  
☒ ☐ Outpatient clinic card checked for name, date-of-birth (DOB), and medical record number (MRN)

• **Planned Procedure:** Repair of Mandible Fracture, Other indicated procedure  
☐ Left ☐ Right ☐ Bilateral ☐ Spinal Level(s) N/A

• **Planned Procedure and Site / Side / Level Confirmed by:**

Yes N/A

- ☒ ☐ Patient / Surrogate  
☒ ☐ Schedule  
☒ ☐ Consent

Yes N/A

- ☒ ☐ Medical Record  
☐ ☒ Surgical site(s) marked before procedure(s) with surgeon(s) initials  
☐ ☒ Special purpose wristband affixed to patient

• **Attestation of Participating Practitioners:**

	N/A	Name	Signature	Date	Time	Dict #
Registered Nurse	<input type="checkbox"/>					
Surgeon / Proceduralist Team #1	<input type="checkbox"/>			7/1/08	1755	
Surgeon / Proceduralist Team #2	<input type="checkbox"/>			7/1/08	6:00	62728
Anesthesia Care Team Member	<input type="checkbox"/>	Claudia Meyer	Claudia Meyer	7/1/08		93465

**IMAGING VERIFICATIONS** (Confirmation of pre-procedure imaging.)

Yes N/A

- ☐ ☒ Availability of necessary imaging studies confirmed by surgeon / proceduralist prior to sedation / anesthesia  
☐ ☒ Name, date, left/right orientation of displayed imaging studies verified by 2 surgical team members prior to procedure start

Confirming Practitioners	Name #1	Name #2
	P. Calat	M. Boulton

**TIME-OUTS** (Attestations of verbal confirmation of correct patient, procedure, site/site/level, implants/equipment.)

	N/A	Name	Signature	Date	Time	Dict #
Before regional nerve block	<input type="checkbox"/>					
Before start of procedure #1	<input type="checkbox"/>	Meyer	Meyer	7/1/08	1843	
After new imaging done in O.R. to confirm level prior to procedure start	<input type="checkbox"/>					
Before start of procedure #2	<input type="checkbox"/>					

**ORGAN TRANSPLANTATION** (Blood type match & UNOS number verification prior to implantation.):

Donor Blood Type (circle): UNOS Number \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Recipient Blood Type (circle):  
A B AB O A B AB O  
Nurse Name \_\_\_\_\_ Signature \_\_\_\_\_  
Surgeon Name \_\_\_\_\_ Signature \_\_\_\_\_ Dictation # \_\_\_\_\_



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One Gustave L. Levy Place  
NEW YORK, NY 10029-6574

PLAZA, BENJAMIN MED  
MRN -2891398 M 10/5/1982  
V - 082601786  
CALAT, PAUL 03345



## PERIOPERATIVE NURSING ASSESSMENT AND CARE PLAN

### II. PREOPERATIVE/INTRA-OPERATIVE NURSING CARE PLAN (Cont.)

NURSING DIAGNOSIS	NURSING PLAN / INTERVENTION	GOAL / EVALUATION
Infection (Actual and Potential) due to invasive procedure	<b>B. INTRAOPERATIVE ASSESSMENT</b>	
	Wound Classification: * Clean * <u>Clean/Contaminated</u> * Contaminated Dirty / Infected	Adherence to aseptic practices Reaction to prep: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Technique break: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Comments: <u>Sterility integration</u> <u>were verified.</u>
	Method of surgical site hair removal (check as applicable): Clippers <input type="checkbox"/> Depilatory <input type="checkbox"/> Other <input checked="" type="checkbox"/> No hair removal performed	
	Hair removal was performed (check as applicable): by hospital personnel prior to incision <input type="checkbox"/> by patient prior to hospital admission <input type="checkbox"/>	
	Skin Prep: * <u>Yes</u> * No Prep Solutions Used: * Alcohol * <u>Betadine</u> * Paint/gel * Betadine scrub * Hexachlorophene * Benzalconium Saline * CHG Scrub * Other	
Hypothermia, potential due to altered body temperature	Name of warming/cooling device used: _____ Used: * Continuously * Intermittently <u>Not Used</u> Unit # _____ Temp. Setting _____ * Heat lamp * IV fluid warmer * Thermal drape <u>* Warm blanket</u> * Other: _____ * Temperature Sensing Foley inserted: * Yes * No	Patient body temp maintained: <u>Yes</u> No Measures taken to prevent heat loss: <u>Yes</u> No Comments: _____
Injury, Potential (Electrical Equipment) due to electrical hazards	ESU generator type # <u>Valley Cat</u> Control # <u>225716</u> Ground pad applied by: <u>met</u> Removed by: _____ Pad site: <u>Right thigh</u> Bipolar #: _____ Laser type: _____ Control #: _____	Patient free of injury related to use of electrical equipment: <u>Yes</u> No Skin integrity Maintained: <u>Yes</u> No Comments: _____
Injury, Potential (Skin/Perfusion) due to tourniquet use	Tested By: _____ Applied By: _____ Tourniquet # used _____ Location: _____ Pressure: _____ mm of Hg A) Up: _____ A) Down: _____ B) Up: _____ B) Down: _____ <u>N/A</u> Other: _____	Circulation intact: Yes _____ No _____ Site Clear: Yes _____ No _____ Comments: _____



NURSING DIAGNOSIS	NURSING PLAN / INTERVENTION	GOAL / EVALUATION
Injury, Potential (Positioning) due to impaired tissues or skin integrity; possible neuro/muscular trauma related to positioning	<del>Supine</del> * Prone * Lithotomy * Jackknife * Right Lateral * Left Lateral Sitting * Frog Legged * Other * Bean Bag * Blankets * Chest roll / <u>Donut</u> * Eggcrate Foam * Gel Pad * Pillows <u>Safety Strap</u> * Sand Bag * Sheets * Footboard * Fracture table * Head Clamps * Kidney arm rest * Kidney rest * Leg holder * Mayfield basic * Mayfield crossbar * Spinal Table * Pelvic positioned * Shoulder holder * Headrest * Lateral Support * Spinal frame * Stirrups (Allen, Cysto, GYN, Lloyd Davis) * Traction tower * Wristlets * Other * Arm at Side R L * Arm on armboard R L * Arm extended <90° R L * Arm across chest R L * Pneumatic Unit #: <u>Shawtron #844447</u> * Ortho foot pump: Bilateral Left Right <u>Leg wrap - Bilateral</u> Left Right	Patient will remain injury free, related to surgical position ____ Yes ____ No Comments: _____ _____ _____ _____ _____
Injury, Potential (Foreign Body) due to retained foreign body	COUNTS: Sponges/Instruments Instruments Count Correct: * Yes * No * <u>N/A</u> Sponge/Needle Count Correct: <u>Yes</u> * No * N/A X-ray Results: * Positive * Negative * <u>N/A</u> * Other: _____ * Lap pads used as packing: Yes #: ____ <u>No</u>	Patients free from foreign body related injury ____ Yes ____ No Results / Comments: _____ _____ _____
Fluid & Electrolyte imbalance, Potential due to blood/fluid loss	* Albumin * 250mL * 500mL * RBC * FFP * Platelets * WB * Cryoprecipitate # of units _____ * Autotransfusion System: * Cell Saver * Other: _____ * Autologous * WB * RBC * EBL * Fluid Intake _____ * Urinary Output _____ Unused blood products sent to: * PACU * ICU UNIT * BLOOD BANK * OTHER _____	Physiological parameters monitored ____ Yes ____ No Comments: <u>See Anesthesia Record</u> _____ _____

Shift Change/ Break Relief Report given to:

\_\_\_\_\_, R.N.  
(print)\_\_\_\_\_, R.N. time: \_\_\_\_\_  
(sign)

Additional Notations:

Signature: M Stewart R.N. Date: 7/1/08Print Name: M Stewart R.N.Patient airway status: Intubated Extubated \* Airway (oral/nasal) \* NoneO2 Administered \* No Yes Via nasalIntact Skin Integrity \* Yes \* No \* Explain \_\_\_\_\_Transportation from O.R. \* PACU Bed \* Unit Bed \* Bariatric Bed

\* Life support stretcher \* Wheelchair \* Other \_\_\_\_\_

Accompanied by: Dr. Deiner & Dr. Saulston

Additional Notations:

Signature: M Stewart R.N. Date: 7/1/08Print Name: M Stewart R.N.

# Mount Sinai

## THE MOUNT SINAI HOSPITAL

One Gustave L. Levy Place

New York, NY 10029-6574

### PERIOPERATIVE NURSING ASSESSMENT AND CARE PLAN

PLAZA, BENJAMIN

MED

MRN - 2891398

M

10/5/1982

V - 082601786

CALAT, PAUL

03345

#### I. PREOPERATIVE/PRE-PROCEDURE FOCUS NOTE

- \* To be completed by licensed nursing personnel in the Inpatient Unit, Short Stay Unit or in Ambulatory Surgery. Circle appropriate choices where applicable.
- \* Sections A, B, C, D and E must be initiated by the nurse in the appropriate column. (Yes, No, NA) Initials denote responsibility for the item. Print name and sign initials in the grid.
- \* Nurse sending patient to O.R. completes any blank items, alerts Holding Area of any unresolved asterisked (\*) items, documents patient's response and signs off the Focus Note.

	YES	NO	N/A	EXPLANATION
<b>A. FOCUS: PREPARATION FOR</b> <u>Repair of Menstrual Bleeding</u>				
Consents obtained	SN	*	///	
Allergies		SN		
Level of consciousness: * Awake * Arouses on calling name * No Response * Other	///	///	///	Specify Other:
Oriented to: * person * place * time (circle all that apply)	SN		///	Specify Other
Isolation/Precautions		SN	///	(list on chart cover)
<b>B. ACTION: PATIENT PREPARATION</b>				
Pre-operative teaching given & documented			SN	
Pre-op shower or bath given			SN	
Assessment of skin integrity			///	
Personal property (If yes, state disposition)				Disposition:
* Valuables/jewelry secured: (If yes, state disposition)				Disposition:
* Circle assistive devices: * None * Dentures (full/partial) * Hearing Aid * Contact lenses * Eye glasses * Other				Disposition:
Cosmetics and hair accessories removed			SN	
Capped/loose teeth		SN		
Circle Implants: * Pacemaker * AICD * Cochlear * Prosthetics		SN		
Pregnancy Test within 24 hours			SN	Results: Neg Pos
<b>C. SPECIAL PATIENT CONSIDERATIONS</b>				
Language: <u>English speaking</u> Other	///	///	///	Specify Other:
Physical challenge: * Blind * Deaf * Aphasic * Paralyzed * Other * None	///	///	///	Specify Other:
<b>D. IMMEDIATE PRE-OP STATUS</b>				
T <sub>3</sub> : <u>8</u> P <sub>55</sub> R <u>18</u> BP <u>114/64</u> PAIN LEVEL <u>8</u> TIME: <u>1620</u>				
* NPO for solid foods from <u>7/1/08 noon</u>	SN			
* NPO for clear fluids from <u>7/1/08 noon</u>	SN			
Chart checklist complete				
Voided (on call)	PA			
Preoperative meds. given, documented or sent		PA		
Patient's ID plate attached (see back page)				
Patient identified by name and date of birth: * Verbally * ID band				
* Chart * Patient Plate				

D-1-A-14 (Rev. 12/06)



DATE	SIGNATURE	PRINT NAME	TITLE	INITIAL
7/11/07	[Signature]	Skerlin RN	RN	SA
7/11/08	[Signature]	<del>DA</del> RN	RN	P.A.

## II. PREOPERATIVE / INTRA-OPERATIVE NURSING CARE PLAN

Page 2

**The Mount Sinai Hospital**  
One Gustave L. Levy Place, New York, NY 10029-6574

**PROGRESS NOTES**

Sign each entry with first initial, last name, and title.  
Providers please add dictation code number after signature.

PLAZA, BENJAMIN  
MRN - 2891398 M 10/5/1982  
V - 44719928 6/30/2008  
CALAT, PAUL 03345



N08C

**PRE-PROCEDURE HISTORY AND PHYSICAL REVALIDATION**

**IMMEDIATE PREOPERATIVE REASSESSMENT**

I have reviewed the previous evaluation by Dr. Goulsston and dated 06/08 I have re-evaluated the patient immediately prior to the procedure, and I have found:

☐ no significant interval change in his/her condition ☐ significant change which I have documented below in the Medical Record.

Name: Gutman Dictation #: 2724 Signature: B. Gutman Date: 7/1/08 Time: 6PM

## Anesthesia Record

The Mount Sinai Hospital, New York, New York  
Copyright © 2008 by Mount Sinai Hospital

## PATIENT NAME

PLAZA, BENJAMIN

## BIRTH DATE

10/05/1982

## PATIENT AGE

25 yrs

## GENDER

Male

## MEDICAL RECORD #

2891398

## PATIENT SERIAL #

44719928

## HEIGHT

72 in (182.9 cm)

## WEIGHT

175 lb (79.55 kg)

## BODY SURFACE AREA

2.015 sq meters

## SERVICE DATE

07/01/2008

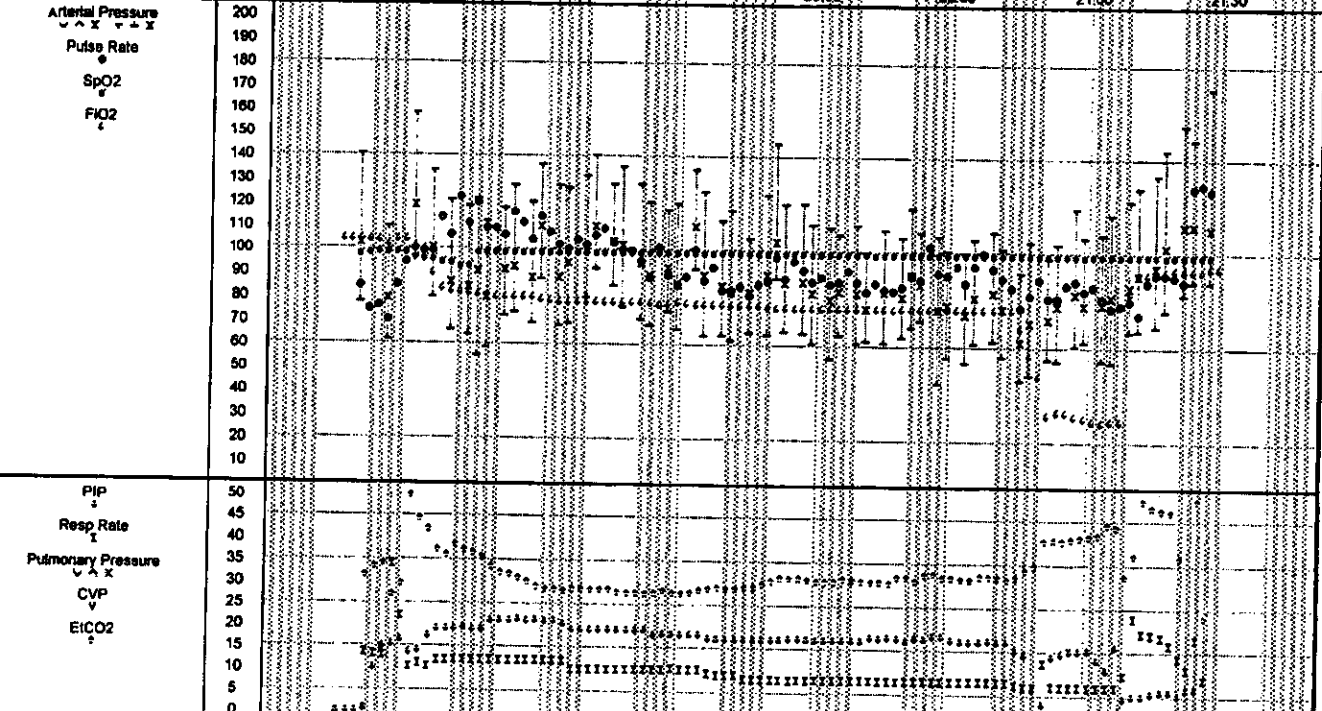
## ANESTHETIZING LOCATION

OR08 Annen-6

## CASE NUMBER

30711711.186

sO2	%	80.7	88.3	76.7	76	78.9	74	74.1	74	73.3	72.6	72.7	72.3	72.1	72.1	84.7	81.8	80.6	69.6	63.7
Air	88.37 L																			
eSevoflurane	%	0	1.55	1.71	1.59	1.74	1.85	1.89	2.07	2.36	2.5	2.98	2.72	2.79	2.82	2.63	1.72	0.98	0.7	0.36
Fentanyl	250 mcg		150																	
Midazolam	2 mg		2						50		25		25							
Propofol	200 mg		200																	
Vecuronium	7 mg		7																	
Glycopyllate	0.4 mg																	0.4		
Neostigmine	2 mg																			
Clindamycin	600 mg		600																	
07/01/2008	18:00		18:30		19:00		19:30		20:00		20:30		21:00		21:30					



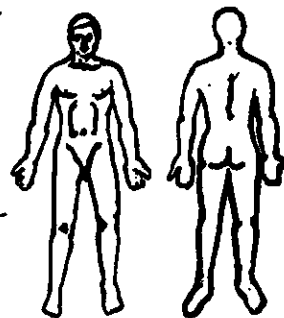
Sinus Rhythm	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR
Tidal Volume	mL	219	535	676	726	723	707	676	656	649	670	669	673	676	670	643	434	424	229	312
ST1	mm	+1.64	+1.39	+1.48	+1.82	+1.86	+1.83	+1.97	+1.39	+1.95	+1.95	+2.03	+2.08	+2.03	+2.03	+1.8	+1.7	+1.55	+1.3	
ST2	mm	+3.37	+3.27	+2.76	+2.82	+3.21	+3.38	+3.54	+3.66	+3.6	+3.76	+3.7	+3.63	+3.66	+3.74	+3.89	+3.62	+3.24	+2.82	+2.76
Generic Events		PIR	AI	PS1														Rev	PIR	
Plasmalyte-A	1000 mL																			
E.B.L.	50 mL																			

18:14 Anesthesia Start (AS)	- Patient monitored by anesthesiologist during transport to OR	18:39 Position/Prep Start (PS)	- Airway secured to head-drape
18:14 Patient in OR (PIR)	- Prehydration administered in Holding Area	18:39 Intubation Remarks: (NP)	- Nasal intubation performed atraumatically, Cormack & Lehane Grade II view.
18:15 Patient ID/Machine Check	- Afrin spray administered to bilateral nostrils in pre-operative area.	***** INTUBATION REMARKS *****	Sinus Tachycardia (ST)
18:15 Equipment and machine checklist completed		- Pre-oxygenated	18:41 10 mg IV-Bolus Dexmedetomidine
18:15 Patient identified		- Intubation atraumatic	18:41 4 mg IV-Bolus Ondansetron
18:15 Chart reviewed. No significant interval changes since anesthesia consultation	18:30 Sinus Tachycardia (ST)	- Eyes protected	18:41 10 mg IV-Bolus Metoclopramide
18:15 Patient prepared to undergo anesthesia	18:30 Anesthesia Induction (AI)	- Macintosh 3	18:41 Pulse oximeter not sitting adequately on finger.
18:20 Preop and Postop Care Comments:	18:30 Endo-Intubation (Int)	- Vocal cords were easily visualized	
*****PREOPERATIVE CARE COMMENTS*****	18:39 Anesthesia Ready (AR)	- QO2 detected by capnometry	
	18:39 Antibiotic reminder acknowledged	- Breath sounds bilateral R=L	
		- Neck maintained in neutral position	
		- Airway secured with tape	

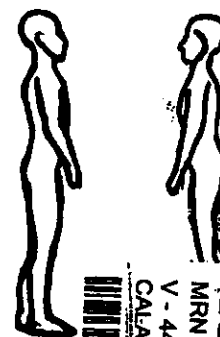


TIME	NURSES NOTES
2135	Pt awake and alert. No resp distress noted. On sat 100% ON 3L O2 via Nasal Cannula. No resp distress. Seen Pt wired. Shunt wire cutter at bedside. No pain in Oral Quiv. Place on cardiac monitor. Show BP 172/85 HR 90 Resp 12 T 98.3. IV therapy in progress infusing well. Site Intact. Accu- Pentanyl 25mcg IV for pain. Cheek Swollen with no discoloration noted. Ice packs on face 20min on 20min off. Warm blankets plan will observe. Nthululusei
2400	Discharge Summary Responding approx to verbal stimulation. No resp distress noted. IV therapy in progress infusing well. Site intact. Ice 20min on 20min off. Cheek still swollen. No unusual findings of discoloration noted. T 38. BP 140-160/70 HR 88 Resp 24. T 38. Stephen Nthululusei

SKIN ASSESSMENT	
Skin Intact	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, document and mark below on figure	



Front Back



Right

PLAZA, BENJAMIN  
 MRN - 2891398 M  
 V - 44719928  
 CALAT, PAUL  
 10/5/1982  
 6/30/2008  
 03345  
 N08C

TIME	DATE	MEDICATION	ROUTE	INITIALS	EFFECT
2135	7/1/08	Pentanyl 25mcg	IV	NH	Good
2220	7/1/08	Pentanyl 25mcg	IV	NH	Good
2305	7/1/08	Pentanyl 25mcg	IV	NH	Good
2310	7/1/08	Pentanyl 25mcg	IV	NH	Good

#### PACU DISCHARGE CRITERIA (CIRCLE OR ✓ SCORE)

Able to move 4 extremities voluntarily or on command =	2	ACTIVITY
Able to move 2 extremities voluntarily or on command =	1	
Able to move 0 extremities voluntarily or on command =	0	
Respirations adequate in rate, depth & quality =	2	RESPIRATION
Dyspnea or Limited Breathing =	1	
Apneic =	0	
BP = 80% or greater of Preanesthetic Level =	2	CIRCULATION
BP = 80% or Preanesthetic Level =	1	
BP = 50% or less of Preanesthetic Level =	0	
Fully Awake =	2	CONSCIOUSNESS
Arousable on calling =	1	
Not responding =	0	
O2 saturation > 92% on room air =	2	OXYGEN SATURATION
Requires supplemental O2 to maintain O2 sat > 90% =	1	
O2 saturation < 90% with supplemental O2 =	0	
Temperature is ≥ 35.6° and ≤ 38° C.	1	TEMPERATURE
Dressing dry and intact, minimal bleeding/drainage from surgical site as per surgical operation.	1	SURGICAL SITE/ WOUND DRAINAGE
Postoperative nausea and/or vomiting, none ↔ mild.	1	PONV
Pain assessment score (0 - 10)	1	PAIN

If not met, document in Nurse's Notes

#### VENTILATOR SET

TIME	TV	FI O2	RATE	MODE	PS	PEEP

EXTUBATED AT: \_\_\_\_\_

Transfer: Date: 7-1-08 Time: 2400

Discharged From: ✓ GP3 ✓ A6 \_\_\_\_\_ A7 \_\_\_\_\_

Discharged To: 8C Discharge Criteria Met: ✓

Via: ✓ Stretcher ✓ Wheelchair \_\_\_\_\_ Ambulatory \_\_\_\_\_

PACU Nurse: Norva Hutchinson

(Print Name)

Norva Hutchinson  
 (Signature)

## THE MOUNT SINAI MEDICAL CENTER

## Implant Log for a Patient



Case Date: 7/1/2008 MRN: 2891398  
 Patient Name: PLAZA, BENJAMIN O.R.: A08  
 Primary Procedure: MANDIBULAR FX/OP RED, BILATERAL DOB: 10/5/1982  
 Primary Surgeon: CALAT, PAUL ACCT. #: 44719928

Item #	Qty	Case RU Description	Catalog No.	Model #	Serial #	Lot #	Size	Implant Site	Device Type	Exp. Date	MFR	UNOS#
133955	1	PLATE 2.0MM MINI LOCK BROAD 4H	447055				4 hole	MANDIBLE	PLATE		SYNTHES MAXILLOFACIAL	
146678	4	SCREW 2.0MM CORTEX 4MM TI	401041				2.8 X 8	MANDIBLE	SCREW		SYNTHES MAXILLOFACIAL	

THE MOUNT SINAI HOSPITAL  
NEW YORK  
OPERATING ROOM RECORD  
SPONGE, SHARP AND MISCELLANEOUS ITEMS COUNT

PLAZA, BENJAMIN  
MRN - 2891398 M 10/5/1982  
V - 44719928 6/30/2008  
CALAT, PAUL 03345



N08C

DATE: 7/1/08  
SURGEON: Calat

OPERATION/PROCEDURE: Repair fractured mandible

	INITIAL COUNT	ADDITIONS	CLOSURE OF CAVITY IN CAVITY	ADDITIONS	2ND COUNT	ADDITIONS	FINAL COUNT
SPONGES							
HAND SPONGES	10	10					20
LAP PADS	5						5
PACKING <u>Wad</u>	1	7:50 pm removed.				0	0
COTTON BALLS							
TONSIL SPONGES							
PEANUTS	5						5
DENTAL ROLLS							
COTTONOIDS							
SHARPS							
KNIFE BLADES	2						2
ATR NEEDLES	4						4
LOOSE NEEDLES							
MISCELLANEOUS							
APPLICATORS							
BULLDOGS							
DISPOSABLE							
BULLDOGS							
CLIP CARTRIDGES							
CAUTERY TIPS	2						2
DERMA HOOKS							
EEA SPIKES							
HYPON NEEDLES							
MARKING PEN	1						1
PAPER RULER	1						1
PENROSE DRAIN							
RUBBER							
SHOOS/BOOTIES							
SCRATCH PADS	1						1
SPEARS							
SPINAL NEEDLE							
UMBILICAL TAPE							
VASCULAR INSERTS							
VESSEL LOOPS							
STAPLE DEVICES							
GUARD							
CARTRIDGE							
LONESTAR STAYS (GU)							
<u>Aspercalh.</u>	1						1

Circ. Nurse: [Signature]  
(print/sign)

Circ. Nurse: \_\_\_\_\_  
(print/sign)

Circ. Nurse: \_\_\_\_\_  
(print/sign)

Circ. Nurse: [Signature]  
(print/sign)

Scrub: [Signature]  
(print/sign)

Scrub: \_\_\_\_\_  
(print/sign)

Scrub: \_\_\_\_\_  
(print/sign)

Scrub: [Signature]  
(print/sign)

Count all items on the sterile field that could potentially be retained. Documents correct counts on Perioperative Record

THE MOUNT SINAI HOSPITAL  
New York, New York  
**PERIOPERATIVE RECORD**

PLAZA, BENJAMIN  
MRN - 2891398 M 10/5/1982  
V - 44719928 6/30/2008  
CALAT, PAUL 03345



N08C

DATE

NAME

UNIT NO.

SEX/DOB

SERIAL NO.

LOCATION

PHYSICIAN

SERVICE

6. DATE (MM, DD, YY) 07/01/08	7. DELAY CODE 13	8. PATIENT CATEGORY Inpatient Outpatient
9. CASE TYPE 3 (Sched, Added, Emergency)	10. COST CENTER 767	11. ROOM NO. 408
12. CASE POSITION 05		

PLEASE USE 24-HOUR TIME FOR ALL TIME ENTRIES

13. PAT. IN 1815	14. ANESTH. ST. 2105	15. PAT. READY 1835	16. OP. START 2130	17. OP. END [ ]	18. ANESTH. END [ ]	19. PAT. DISCH. [ ]	20. PHASE 1 IN [ ]	21. PHASE 1 OUT [ ]	22. PHASE 2 IN [ ]	23. PHASE 2 OUT [ ]	24. ON HOLD IN [ ]	25. ON HOLD OUT [ ]
---------------------	-------------------------	------------------------	-----------------------	--------------------	------------------------	------------------------	-----------------------	------------------------	-----------------------	------------------------	-----------------------	------------------------

26. DISCH TO: 1 = ABRR 2 = ATRR 3 = GPRR 4 = GPHR 5 = GP2RR 6 = ICU 7 = RAD 8 = MORGUE	27. WOUND CLASSIFICATION 1 = CLEAN 2 = CLEAN/CONTAMINATED 3 = CONTAMINATED 4 = DIRTY OR INFECTED
--	--

PLEASE LIST NAMES USING LAST NAME, FI, MI

28. ATTENDING SURGEON PROC 1 Calat P	30. PROC 1 [ ]
29. SERVICE	33. PROC 2 [ ]
31. ATTG SURG. PROC 2 (IF DIFFERENT)	36. PROC 3 [ ]
32. SERVICE	
34. ATTG SURG. PROC 3 (IF DIFFERENT)	
35. SERVICE	

30. PROC 1 Repair Fractured Mandible
33. PROC 2
36. PROC 3

37. SURGICAL RESIDENT / FELLOW Goukstar M 1815 →
38. SURGICAL RESIDENT Goukstar B
39. SURGICAL RES/ASST/STUDENT
40. ATTG ANESTH. Deiner
41. ANESTH. RESIDENT Deiner K. Mejia
SCRUB NURSE(S) PRINT NAME Miguel J. Rio
SCRUB NURSE(S) PRINT NAME L. N. N.
CIRCUL. NURSE(S) PRINT NAME D. N. N. RN 1830
CIRCUL. NURSE(S) PRINT NAME M. Stewart
PATIENT POSITION Supine
DRAINS/WOUND SUCTION/PACKING/CATHETERS
MEDICATIONS/IRRIGATIONS 1% Nuprocaine - Epinephrine 1:100,000 5.5 ml
CARDIOPULMONARY BYPASS (Y, N)
SIGN

42. ANESTHESIA TYPE 27 General	43. PREOPERATIVE DIAGNOSIS Fractured Mandible
44. POSTOPERATIVE DIAGNOSIS Same	
CULTURES / SPECIMENS (Y, N) SENT TO: (PLEASE CIRCLE LABS) EYE PATH, NEURO PATH, FS PATH, SURG. PATH, CYTO, MICRO, CHEMISTRY	

IMPLANT(S)? (Y, N)	ALLOGRAFT(S)? (Y, N)	INSTRUMENT COUNT CORRECT? (Y, N) N SIGN N/R
		SPONGE/NEEDLE COUNT CORRECT? (Y, N) Y SIGN L. N.

COMMENTS

NKA	Ab @ 4:25 pm - mndible R
1-plate 2.0 mm mini lock broad 4 hole mandible plate # 447055.	
4- Screws 2.0 mm Cortec 4 mm mandible screws # 401041.	
PATIENT'S CHART COPY	
Nurse's Signature	



# IV RECORD AND I&O FORM

## ADULT GUIDELINES

PLAZA, BENJAMIN  
MRN -2891398

1. Starting with the night shift at 11 PM, complete Intake and Output form as follows:
  - a. Stamp sheet with patient's addressograph.
  - b. Place date in appropriate space and enter time as indicated throughout shift.
  - c. Identify each container of IV solution hung as to:
    - ☐ Type solution e.g., D 1/4 NS
    - ☐ The amount in bottle should be noted when started, when absorbed and when residual solutions are credited at start of new day / shift.
    - ☐ Enter type of IV tubing used under "SET" when Initiated new or changed.  
e.g. "P" = Primary Set; "PB" = Piggy Back or Secondary Set  
"SS" = Soluset, "BB" = Blood Set
    - ☐ Enter name of additives added to primary solutions only, i.e., KCL, MVI.
  - d. Identify patient's intake under appropriate parenteral, oral or enteral (Tube Feeding) column.
  - e. Intake should be totaled every shift one hour prior to the end of the shift.
  - f. Space is provided to chart the output of urine (ureterostomy, urethral cath); stool (colostomy, conduit, ileostomy) and emesis.
  - g. The column labeled OTHER should be used for other forms of output (hemovacs, Jackson-Pratts, chest and sump tubes, etc.)
  - h. Output should be totaled each shift the hour before the end of the shift.
  - i. The total from all three shifts should be entered in the 24-hour total Intake and Output columns. Totals for each column should be entered in space provided directly above.
  - j. If necessary more than one form may be used in a 24-hour period.
  - k. I&O documentation on this form will fulfill all requirements for patients receiving enteral feedings. Maintenance of the "Enteral Feeding Form" is no longer required.
2. File original "Patient Chart Copy" in patient chart for permanent record.
3. Send "Patient Accounts" copy to Patient Accounts Dept, daily and upon discharge of patient.

### EQUIVALENTS

Water Glass — 8oz =240mL  
Fruit Juice — 4oz =118mL  
Tea/Coffee — 5oz=150mL  
Milk — 8oz =240mL  
Soup Bowl — 12oz=360mL  
Jello — 6oz=180mL  
Ice Cream — 5oz=150mL

### KEY

LS — Liquid Stool	V — Vomitus
S — Sump Drainage	H — Hemovac
GT — Gastrostomy	F — Foley
NGT — Nasogastric Tube	C — Cath
CT — Chest Tube	I — Incontinent
WP — Wet Pamper	



**SUPPLEMENTARY VITAL SIGNS RECORD**

PLAZA, BENJAMIN  
MRN -2891398

**Sedation Scale**

- 0 - none
- 1 - mild (occasionally drowsy;  
easy to arouse)
- \* 2 - moderate (frequently drowsy;  
easy to arouse)
- \* 3 - severe (somnolent; difficult to  
arouse)
- S - normal sleep (easy to arouse)

**Analgesia Scale**

- 0 - no pain
- 10 - worst pain imaginable

**\*CALL ANESTHESIA**





**THE MOUNT SINAI HOSPITAL**

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Printed By: LUWALE, MARTIN

Name: **PLAZA, BENJAMIN (2891398)** Age: **25y (10/05/1982)** Male IP Loc: **DISCHARGED**

Status: **Preliminary**

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**THE MOUNT SINAI MEDICAL CENTER, NEW YORK, NY**

**OPERATIVE REPORT**

PT NAME: PLAZA, BENJAMIN

MEDICAL RECORD NUMBER: 2891-398

ACCOUNT #: 44719928

DICTATOR MD#: 062319

DICTATOR NAME: MICHAEL GOULSTON, DDS

SURGEON MD#: 003345

SURGEON NAME: PAUL CALAT

PROCEDURE DATE:

ADMIT DATE: 06/30/2008

DISCH DATE: 07/02/2008

PREOPERATIVE DIAGNOSIS: Mandibular symphysis fracture, left subcondylar fracture.

POSTOPERATIVE DIAGNOSIS: Same.

OPERATION: Open reduction, internal fixation of mandibular symphysis fracture.

OTHER SURGEON: Dr. Gitman

ANESTHESIA: General endotracheal anesthesia

ANESTHESIOLOGIST: Dr. Deiner, Dr. Russo

FINDINGS: Mandibular fracture at the symphysis

SPECIMENS: None

COMPLICATIONS: None

ESTIMATED BLOOD LOSS: 75 cc

IVF: 1200 cc of Crystalloid

HARDWARE: 2.0 mm X 4 hole mandibular plate, and then four 2.0 mm X 6 mm screws arch bars and wire.

DISPOSITION: The patient was stable, extubated in the Operating Room, transferred to PACU in stable condition.

PROCEDURE: The patient was taken to the Operating Room, and placed on the OR table in supine position. After induction of anesthesia and successful nasal endotracheal intubation, the patient was prepped and

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draped in the usual sterile fashion, using Betadine solution.

At this point, using Yankauer suction, the oral cavity was suctioned of all debris, heme and saliva. At this point, a moistened throat pack was then placed in the posterior oropharynx. At this point, using 1% Lidocaine with 1:100,000 Epinephrine, the patient was injected a total of 5 cc, both locally and via inferior alveolar nerve blocks bilaterally. After waiting sufficient time for the hemostatic effect of the Epinephrine to take place, the surgical team applied an upper as well as lower Eric arch bar with 24 gauge wire to the upper and lower dentition. After this arch bar was secured, the 24 gauge stainless steel wire. This restored the patient's pretraumatic occlusion, so far as the surgical team could tell. The patient was in maximum intercuspation at this point.

At this point, attention was then drawn to the mental area. Using electrocautery, an incision was created through mucosa, submucosa, paramental musculature and periosteum, down to bone in the area of tooth No. 26 and 27. Then using a periosteal elevator, a full thickness mucoperiosteal flap was elevated, taking care to stay underneath the periosteum.

At this point, the flap was carefully elevated, until the surgical team was able to identify the mental nerve and foramen. This nerve and foramen were then safely protected for the duration of the procedure. Taking the electrocautery back again, we continued our incision posteriorly, to allow for access and visualization. The mental nerve was then carefully skeletonized to allow for inferior traction.

At this point, the surgical team directed its attention toward the symphysis fracture which was grossly displaced with the proximal segment being displayed lingual using a bone hook as well as 24 gauge wire drilled in the cortical plate of the chin. The surgical team was able to elevate the proximal segment up out and reduce the fracture anteriorly to acquire adequate anatomic reduction.

At this point, our attention was directed toward the occlusion, which we checked. It was still in maximum intercuspation. The intermaxillary fixation was still impaired. Therefore, the surgical team then decided to fix in the neutral zone, a 4 hole 2 mm mandibular plate, closely adapted to this region of the mandible. This was secured with four 2.0 mm X 6 mm screws. These screws were drilled into the bone

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using standard rotary instrumentation with copious irrigation. All the screws were found to be tight, well adapted to the plate, and the plate well adapted to the bone. There was no mobility in either the segments, or the plates or the screws.

Satisfied with our reduction, both anatomically and functionally, the flap was copiously irrigated. The mentalis was closed and resuspended with 3-0 Vicryl sutures. The mucosa and submucosa was closed with a running 3-0 Vicryl suture.

At this point the surgical team irrigated again and suctioned and carefully removed the moistened throat pack from the posterior oropharynx.

Nasogastric tube was then placed into the stomach to aspirate out any contents. This concluded the surgical portion of the procedure, as per the nursing staff.

Needle, sponge and instrument count were all correct at the end of the procedure.

Dr. Caleb, the attending was scrubbed and present for the entire procedure.

PAUL CALAT

hyp

D:07/01/2008 T:07/05/2008/HTSJA I:07/07/2008 9:09 A

JOB#:016748 DOC#:327177

cc: PAUL CALAT

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Status: **Preliminary**

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**THE MOUNT SINAI MEDICAL CENTER, NEW YORK, NY**

**DISCHARGE SUMMARY REPORT**

PT NAME: PLAZA, BENJAMIN

MEDICAL RECORD NUMBER: 2891-398

ACCOUNT #: 44719928

DICTATOR MD#: 062319

DICTATOR NAME: MICHAEL GOULSTON, DDS

ATTENDING MD#: 003345

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Name: **PLAZA, BENJAMIN (2891398)** Age: **25y (10/05/1982)** Male IP Loc: **DISCHARGED**

ATTENDING NAME: PAUL CALAT

07/02/2008

ADMIT DATE: 06/30/2008

DISCH DATE: 07/02/2008

HISTORY OF PRESENT ILLNESS: The patient is a 25 year old male status-post assault who was transferred from Mount Sinai Queens diagnosed both, clinically and radiographically with a left subcondylar fracture of the mandible as well as a symphysis fracture that extended to the right body.

HOSPITAL COURSE: The patient was admitted to the Oral Surgery Service on Monday, June 30, 2008 early in the a.m. and was given IV antibiotics and pain management. He was kept NPO and given replacement fluids in anticipation of open reduction, internal fixation of his mandible fractures which the M.D. had discussed at length with the patient. However, unfortunately, due to the lack of availability we were unable to do this procedure in the OR with general anesthesia on hospital day #1. The patient therefore was given p.o. that evening and scheduled for his procedure the next day and made NPO after midnight. The patient was kept on his IV antibiotics and Crystalloid replacement during this time. The patient eventually did undergo his open reduction, internal fixation of his mandible fractures in the OR which he tolerated well. He was extubated in the Operating Room and transferred to PACU in stable condition in intermaxillary fixation. From PACU the patient went to Step-Down and had no events overnight. He had no complaints and he had good pain control. He had no nausea or vomiting. He had wire cutters at bedside.

By the next morning, the patient was tolerating clear p.o. He was out of bed ad lib postoperatively. Panorex acquired in the Dental Clinic showed good, both anatomical and function reduction of his symphysis fracture. His teeth were noted to be in maximum intercuspation. The patient did not receive any immunizations during his stay here. The patient was eventually discharged to home on hospital day #2 with p.o. antibiotics, Clindamycin 300 mg every 6 hours for seven days. He was given pain management medication, Percocet 5/325 30 tabs 1-2 tabs every 6 hours p.r.n. pain as well as Peridex solution 0.12% Swish and Spit for 20 seconds twice a day. He was also given Dr. Calat's phone number and

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instructed to call Dr. Calat for a follow-up appointment at his leisure.

The patient understood these instructions and was discharged to home  
uneventfully.

PAUL CALAT

hyp

D:07/02/2008 T:07/06/2008/HTSSD I:07/07/2008 9:09 A

JOB#:017477 DOC#:327176

cc: PAUL CALAT

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SPOOL-0001 MOUNT SINAI HOSPITAL MEDICAL CENTER HOSP1  
 08/13/08 15:35 (QAXPRG) PAGE 001  
 =====  
 PLAZA, BENJAMIN M 25  
 U-000002891398-6 DOB:10/05/1982  
 S-000044719928 ADM:06/30/08  
 SERV:MED N08C 8202A  
 MD:CALAT, PAUL DMD 03345 FC:BL  
 =====

## ORDERS REPORT

-PERMANENT CHART COPY-

SUMMARY: 06/30 16:40 TO 23:59 07/17

## ORDERS:

06/30/08 19:11

- 18 (D/C TO OR), ER VENOUS PANEL, IB001784495.  
 , <06/30/08>, (BMHC)
- 19 (D/C TO OR), PT, IB001784493.  
 , <06/30/08>, (BMHC)
- 20 (D/C TO OR), CBC, PLT, IB001784494.  
 , <06/30/08>, (BMHC)
- 21 (D/C TO OR) CLINDAMYCIN INJ 600MG, IV Q8H, (06/30/08 14:00-...),  
 (MDGC)
- 22 (D/C TO OR) MORPHINE INJ 4MG, IV Q3H PRN MODERATE PAIN,  
 <06/30/08 08:52-...>, (MDGC)
- 23 (D/C TO OR) OXYCODONE/ACETAMINOPHEN 5/325 2TABS, PO Q4H PRN  
 MODERATE PAIN, <06/30/08 08:52-...>, (MDGC)
- 24 (D/C TO OR) ESOMEPRAZOLE CAP 20MG, PO DAILY, (06/30/08 10:00-...)  
 , (MDGC)
- 25 (D/C TO OR) IV PLASMA-LYTE 1000ML, 125ML/HR, CONTINUE UNTIL D/C,  
 <06/30/08-...>, (MDGC)
- 26 (D/C TO OR) DIET: NPO, <06/30/08>, (MDGC)
- 27 (D/C TO OR).  
 HOB AT 30 DEGREES, <06/30/08>, (MDGC)
- 28 (D/C TO OR).  
 ICE TO FACE, <06/30/08>, (MDGC)
- 29 (D/C TO OR).  
 VENODYNES WHILE IN BED, <06/30/08>, (MDGC)
- 30 (D/C TO OR) T-P-R-BP, Q4HRS, <06/30/08>, (MDGC)
- 31 (D/C TO OR) DIET: CLEAR LIQUID, <06/30/08>, (MDGC)
- 32 (D/C TO OR) DIET: NPO-POST 00:01 ON 07/01/08, <06/30/08>, (MDGC)
- 33 (D/C TO OR) DIET: NPO, <06/30/08>, (MDGC)

ENTERED BY: LIBSTER, VIKTORIYA RN VRLB

--COMPUTER-CODE SIGNATURE--

06/30/08 19:38

- 34 HYDROMORPHONE TAB 4MG, PO Q4H PRN SEVERE PAIN, <06/30/08  
 19:38-...>, (MDGC)
- 35 CLINDAMYCIN INJ 300MG, IV Q6H, (07/01/08 00:00-...), (MDGC)
- 36 ACETAMINOPHEN TABS 650MG, PO Q4H PRN TEMP>38.5, <06/30/08  
 19:38-...>, (MDGC)
- 37 ESOMEPRAZOLE CAP 20MG, PO DAILY, (07/01/08 10:00-...), (MDGC)

ENTERED BY: GOULSTON, MICHAEL DDS 62319 MDGC

--COMPUTER-CODE SIGNATURE--

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PLAZA, BENJAMIN 000002891398

ORDERS SUMMARY REPORT

08/13/08 15:35

(QAXPRG)

PAGE 002

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PLAZA, BENJAMIN	M	25
U-000002891398-6	DOB:10/05/1982	
S-000044719928	ADM:06/30/08	
SERV:MED	N08C	8202A
MD:CALAT, PAUL DMD 03345	FC:BL	

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## ORDERS REPORT

-PERMANENT CHART COPY-

SUMMARY: 06/30 16:40 TO 23:59 07/17

06/30/08 19:40

38 IV PLASMA-LYTE 1000ML, 125ML/HR, CONTINUE UNTIL D/C,  
<06/30/08-..>, (MDGC)

ENTERED BY: GOULSTON, MICHAEL DDS 62319 MDGC

--COMPUTER-CODE SIGNATURE--

06/30/08 19:41

39 DIET: PUREE, &lt;06/30/08&gt;, (MDGC)

ENTERED BY: GOULSTON, MICHAEL DDS 62319 MDGC

--COMPUTER-CODE SIGNATURE--

06/30/08 19:42

40 DIET: NPO-POST 00:01 ON 07/01/08, &lt;06/30/08&gt;, (MDGC)

ENTERED BY: GOULSTON, MICHAEL DDS 62319 MDGC

--COMPUTER-CODE SIGNATURE--

06/30/08 19:43

41 ACTIVITY: UP AD LIB AMBULATE PROG AMB UP AS TOL STAND,  
<06/30/08>, (MDGC)

42 .

HOB AT 30, &lt;06/30/08&gt;, (MDGC)

43 .

VENODYNES WHILE IN BED, &lt;06/30/08&gt;, (MDGC)

44 .

ICE TO FACE, &lt;06/30/08&gt;, (MDGC)

ENTERED BY: GOULSTON, MICHAEL DDS 62319 MDGC

--COMPUTER-CODE SIGNATURE--

06/30/08 19:44

45 T-P-R-BP, Q4HRS, &lt;06/30/08&gt;, (MDGC)

ENTERED BY: GOULSTON, MICHAEL DDS 62319 MDGC

--COMPUTER-CODE SIGNATURE--

CONTINUED

PLAZA, BENJAMIN

000002891398

ORDERS SUMMARY REPORT

08/13/08 15:35

(QAXPRG)

PAGE 003

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PLAZA, BENJAMIN	M	25
U-000002891398-6	DOB:10/05/1982	
S-000044719928	ADM:06/30/08	
SERV:MED	N08C	8202A
MD:CALAT, PAUL DMD 03345	FC:BL	

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## ORDERS REPORT

-PERMANENT CHART COPY-

SUMMARY: 06/30 16:40 TO 23:59 07/17

07/01/08 00:18

- 46 IV HYDROMORPHONE (1MG/ML) 50ML BAG, PCA, BOLUS DOSE 0.2MG,  
BOLUS INTERVAL 8 MINUTES, MAXIMUM 8 BOLUS DOSES/HOUR, MAXIMUM  
HOURLY DOSE 1.6MG, <07/01/08-...>, (TMMK)
- 47 DIPHENHYDRAMINE 25MG /D5W 50ML, IV Q4H PRN ITCHING, <07/01/08  
00:18-...>, (TMMK)
- 48 METOCLOPRAMIDE INJ 10MG, IV Q6H PRN N/V, <07/01/08 00:18-...>,  
(TMMK)
- 49 NALOXONE INJ 0.2MG IN NSS 5ML, IV BOLUS OVER 1-2 MINUTES PRN  
FOR RESP. RATE LESS THAN 8, MAY REPEAT, <07/01/08 00:18-...>,  
(TMMK)
- 50 PCA:FOR RESP. RATE LESS THAN 8:STOP PCA STIMULATE PATIENT AND  
CALL PAIN SERVICE, <07/01/08>, (TMMK)
- 51 PCA:MONITOR PATIENT AS PER PACU ROUTINE THEN Q4H ON FLOOR,  
<07/01/08>, (TMMK)
- 52 PCA:NO NARCOTIC OR SEDATIVE TO BE GIVEN UNLESS ORDERED BY PAIN  
SERVICE, <07/01/08>, (TMMK)
- 53 PCA: CALL PAIN SERVICE IF PATIENT IS UNCOMFORTABLE, PATIENT IS  
OVERSEDATED, FOR PCA-RELATED PROBLEMS, FOR ITCHING OR  
NAUSEA/VOMITING - PAIN BEEPER #2738 OR 917-218-6815, BACKUP  
EXT. 47475, OR PACU RESIDENT BEEPER #2875., <07/01/08>, (TMMK)

ENTERED BY: MOONEY, TIMOTHY MD 64370 TMMK

--COMPUTER-CODE SIGNATURE--

07/01/08 00:22

- 54 46 (DC) IV HYDROMORPHONE (1MG/ML) 50ML BAG, PCA, BOLUS DOSE  
0.2MG, BOLUS INTERVAL 8 MINUTES, MAXIMUM 8 BOLUS DOSES/HOUR,  
MAXIMUM HOURLY DOSE 1.6MG, <07/01/08-...>, (TMMK)

ENTERED BY: MOONEY, TIMOTHY MD 64370 TMMK

--COMPUTER-CODE SIGNATURE--

07/01/08 00:23

- 55 HYDROMORPHONE INJ (2MG/ML) 1MG, IV Q3H PRN MODERATE PAIN,  
<07/01/08 00:23-...>, (TMMK)

ENTERED BY: MOONEY, TIMOTHY MD 64370 TMMK

--COMPUTER-CODE SIGNATURE--

CONTINUED

PLAZA, BENJAMIN

000002891398

ORDERS SUMMARY REPORT



08/13/08 15:35

(QAXPRG)

PAGE 004

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PLAZA, BENJAMIN	M	25
U-000002891398-6	DOB:10/05/1982	
S-000044719928	ADM:06/30/08	
SERV:MED	N08C	8202A
MD:CALAT, PAUL DMD 03345		FC:BL

=====

## ORDERS REPORT

-PERMANENT CHART COPY-

SUMMARY: 06/30 16:40 TO 23:59 07/17

07/01/08 07:59

56 (DC) NALOXONE INJ 0.2MG IN NSS 5ML, IV BOLUS OVER 1-2 MINUTES  
PRN FOR RESP. RATE LESS THAN 8, MAY REPEAT, <07/01/08 00:18-...>,  
(MDGC)

57 (DC) HYDROMORPHONE TAB 4MG, PO Q4H PRN SEVERE PAIN, <06/30/08  
19:38-...>, (MDGC)

ENTERED BY: GOULSTON, MICHAEL DDS 62319 MDGC

--COMPUTER-CODE SIGNATURE--

07/01/08 08:05

58 TYPE, 7.

, &lt;07/01/08&gt;, (PDCB)

ENTERED BY: LABORATORY INTERFACE

--INTERFACE MESSAGE--

07/01/08 14:24

59 IV HYDROMORPHONE (1MG/ML) 50ML BAG, BOLUS DOSE 0.2MG,, PCA  
BOLUS INTERVAL 8MINUTES, MAXIMUM 8 BOLUS DOSES/HOUR, MAXIMUM  
HOURLY DOSE 1.6MG, <07/01/08-...>, (JMYQ)

60 METOCLOPRAMIDE INJ 10MG, IV Q6H PRN N/V, <07/01/08 14:24-...>,  
(JMYQ)

61 NALOXONE INJ 0.2MG IN NSS 5ML, IV BOLUS OVER 1-2 MINUTES PRN  
FOR RESP. RATE LESS THAN 8, MAY REPEAT, <07/01/08 14:24-...>,  
(JMYQ)

62 PCA:FOR RESP. RATE LESS THAN 8:STOP PCA STIMULATE PATIENT AND  
CALL PAIN SERVICE, <07/01/08>, (JMYQ)

63 PCA:MONITOR PATIENT AS PER PACU ROUTINE THEN Q4H ON FLOOR,  
<07/01/08>, (JMYQ)

64 PCA:NO NARCOTIC OR SEDATIVE TO BE GIVEN UNLESS ORDERED BY PAIN  
SERVICE, <07/01/08>, (JMYQ)

65 PCA: CALL PAIN SERVICE IF PATIENT IS UNCOMFORTABLE, PATIENT IS  
OVERSEDATED, FOR PCA-RELATED PROBLEMS, FOR ITCHING OR  
NAUSEA/VOMITING - PAIN BEEPER #2738 OR 917-218-6815, BACKUP  
EXT. 47475, OR PACU RESIDENT BEEPER #2875., <07/01/08>, (JMYQ)

ENTERED BY: YANOW, JENNIFER

MD 65016 JMYQ

--COMPUTER-CODE SIGNATURE--

CONTINUED

PLAZA, BENJAMIN

000002891398

ORDERS SUMMARY REPORT

08/13/08 15:35

(QAXPRG)

PAGE 005

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PLAZA, BENJAMIN	M	25
U-000002891398-6	DOB:10/05/1982	
S-000044719928	ADM:06/30/08	
SERV:MED	N08C	8202A
MD:CALAT, PAUL DMD 03345	FC:BL	

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## ORDERS REPORT

-PERMANENT CHART COPY-

SUMMARY: 06/30 16:40 TO 23:59 07/17

07/01/08 14:26

66 (DC) HYDROMORPHONE INJ (2MG/ML) 1MG, IV Q3H PRN MODERATE PAIN,  
 <07/01/08 00:23-...>, (JMYQ)

ENTERED BY: YANOW, JENNIFER MD 65016 JMYQ

--COMPUTER-CODE SIGNATURE--

07/01/08 15:50

67 59(DC) IV HYDROMORPHONE (1MG/ML) 50ML BAG, BOLUS DOSE 0.2MG,,  
 PCA BOLUS INTERVAL 8MINUTES, MAXIMUM 8 BOLUS DOSES/HOUR,  
 MAXIMUM HOURLY DOSE 1.6MG, <07/01/08-...>, (BMGN)

ENTERED BY: GITMAN, BONNIE MD 62726 BMGN

--COMPUTER-CODE SIGNATURE--

07/01/08 16:01

68 (DC) NALOXONE INJ 0.2MG IN NSS 5ML, IV BOLUS OVER 1-2 MINUTES  
 PRN FOR RESP. RATE LESS THAN 8, MAY REPEAT, <07/01/08 14:24-...>,  
 (MDGC)

69 (DC) METOCLOPRAMIDE INJ 10MG, IV Q6H PRN N/V, <07/01/08  
 14:24-...>, (MDGC)

70 (DC) METOCLOPRAMIDE INJ 10MG, IV Q6H PRN N/V, <07/01/08  
 00:18-...>, (MDGC)

ENTERED BY: GOULSTON, MICHAEL DDS 62319 MDGC

--COMPUTER-CODE SIGNATURE--

07/01/08 19:12

71 (D/C TO OR) CLINDAMYCIN INJ 300MG, IV Q6H, (07/01/08 00:00-...),  
 (MDGC)

72 (D/C TO OR) ACETAMINOPHEN TABS 650MG, PO Q4H PRN TEMP>38.5,  
 <06/30/08 19:38-...>, (MDGC)

73 (D/C TO OR) ESOMEPRAZOLE CAP 20MG, PO DAILY, (07/01/08 10:00-...)  
 , (MDGC)

74 (D/C TO OR) IV PLASMAALYTE 1000ML, 125ML/HR, CONTINUE UNTIL D/C,  
 <06/30/08-...>, (MDGC)

75 (D/C TO OR) DIET: PUREE, <06/30/08>, (MDGC)

76 (D/C TO OR) DIET: NPO-POST 00:01 ON 07/01/08, <06/30/08>, (MDGC)

77 (D/C TO OR) ACTIVITY: UP AD LIB AMBULATE PROG AMB UP AS TOL  
 STAND, <06/30/08>, (MDGC)

CONTINUED

PLAZA, BENJAMIN

000002891398

ORDERS SUMMARY REPORT

08/13/08 15:35

(QAXPRG)

PAGE 006

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PLAZA, BENJAMIN	M	25
U-000002891398-6	DOB:10/05/1982	
S-000044719928	ADM:06/30/08	
SERV:MED	N08C	8202A
MD:CALAT, PAUL DMD 03345		FC:BL

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## ORDERS REPORT

-PERMANENT CHART COPY-

SUMMARY: 06/30 16:40 TO 23:59 07/17

- 78 (D/C TO OR).  
HOB AT 30, <06/30/08>, (MDGC)
- 79 (D/C TO OR).  
VENODYNES WHILE IN BED, <06/30/08>, (MDGC)
- 80 (D/C TO OR).  
ICE TO FACE, <06/30/08>, (MDGC)
- 81 (D/C TO OR) T-P-R-BP, Q4HRS, <06/30/08>, (MDGC)
- 82 (D/C TO OR) DIPHENHYDRAMINE 25MG /D5W 50ML, IV Q4H PRN ITCHING,  
<07/01/08 00:18-..>, (TMMK)
- 83 (D/C TO OR) PCA:FOR RESP. RATE LESS THAN 8:STOP PCA STIMULATE  
PATIENT AND CALL PAIN SERVICE, <07/01/08>, (TMMK)
- 84 (D/C TO OR) PCA:MONITOR PATIENT AS PER PACU ROUTINE THEN Q4H ON  
FLOOR, <07/01/08>, (TMMK)
- 85 (D/C TO OR) PCA:NO NARCOTIC OR SEDATIVE TO BE GIVEN UNLESS  
ORDERED BY PAIN SERVICE, <07/01/08>, (TMMK)
- 86 (D/C TO OR) PCA: CALL PAIN SERVICE IF PATIENT IS UNCOMFORTABLE,  
PATIENT IS OVERSEDATED, FOR PCA-RELATED PROBLEMS, FOR ITCHING  
OR NAUSEA/VOMITING - PAIN BEEPER #2738 OR 917-218-6815, BACKUP  
EXT. 47475, OR PACU RESIDENT BEEPER #2875., <07/01/08>, (TMMK)
- 87 (D/C TO OR) PCA:FOR RESP. RATE LESS THAN 8:STOP PCA STIMULATE  
PATIENT AND CALL PAIN SERVICE, <07/01/08>, (JMYQ)
- 88 (D/C TO OR) PCA:MONITOR PATIENT AS PER PACU ROUTINE THEN Q4H ON  
FLOOR, <07/01/08>, (JMYQ)
- 89 (D/C TO OR) PCA:NO NARCOTIC OR SEDATIVE TO BE GIVEN UNLESS  
ORDERED BY PAIN SERVICE, <07/01/08>, (JMYQ)
- 90 (D/C TO OR) PCA: CALL PAIN SERVICE IF PATIENT IS UNCOMFORTABLE,  
PATIENT IS OVERSEDATED, FOR PCA-RELATED PROBLEMS, FOR ITCHING  
OR NAUSEA/VOMITING - PAIN BEEPER #2738 OR 917-218-6815, BACKUP  
EXT. 47475, OR PACU RESIDENT BEEPER #2875., <07/01/08>, (JMYQ)

ENTERED BY: AMOAKO, PRISCILLA RN PRAQ

--COMPUTER-CODE SIGNATURE--

07/01/08 21:10

91 DIET: CLEAR LIQUID, &lt;07/01/08&gt;, (BMGN)

ENTERED BY: GITMAN, BONNIE MD 62726 BMGN

--COMPUTER-CODE SIGNATURE--

CONTINUED

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PLAZA, BENJAMIN 000002891398

ORDERS SUMMARY REPORT

08/13/08 15:35

(QAXPRG)

PAGE 007

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PLAZA, BENJAMIN	M	25
U-000002891398-6	DOB:10/05/1982	
S-000044719928	ADM:06/30/08	
SERV:MED	N08C	8202A
MD:CALAT, PAUL DMD 03345	FC:BL	

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## ORDERS REPORT

-PERMANENT CHART COPY-

SUMMARY: 06/30 16:40 TO 23:59 07/17

07/01/08 21:11

92 METOCLOPRAMIDE TAB 10MG, ROUTE:IVSS Q6H PRN N/V, <07/01/08  
21:11-..>, (BMGN)

ENTERED BY: GITMAN, BONNIE MD 62726 BMGN

--COMPUTER-CODE SIGNATURE--

07/01/08 21:12

93 CLINDAMYCIN INJ 600MG, IV Q8H, (07/01/08 22:00-..), (BMGN)

ENTERED BY: GITMAN, BONNIE MD 62726 BMGN

--COMPUTER-CODE SIGNATURE--

07/01/08 21:13

94 .

WIRE CUTTERS AT BEDSIDE, &lt;07/01/08&gt;, (BMGN)

ENTERED BY: GITMAN, BONNIE MD 62726 BMGN

--COMPUTER-CODE SIGNATURE--

07/01/08 21:14

95 ACETAMINOPHEN ELIXIR (650MG/20ML) 650MG, PO Q4H PRN FEVER,  
<07/01/08 21:14-..>, (BMGN)

ENTERED BY: GITMAN, BONNIE MD 62726 BMGN

--COMPUTER-CODE SIGNATURE--

07/01/08 21:14

96 ACTIVITY: UP AD LIB, &lt;07/01/08&gt;, (BMGN)

ENTERED BY: GITMAN, BONNIE MD 62726 BMGN

--COMPUTER-CODE SIGNATURE--

CONTINUED

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PLAZA, BENJAMIN 000002891398

ORDERS SUMMARY REPORT

08/13/08 15:35

(QAXPRG)

PAGE 008

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PLAZA, BENJAMIN	M	25
U-000002891398-6	DOB:10/05/1982	
S-000044719928	ADM:06/30/08	
SERV:MED	N08C	8202A
MD:CALAT, PAUL DMD 03345	FC:BL	

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## ORDERS REPORT

-PERMANENT CHART COPY-

SUMMARY: 06/30 16:40 TO 23:59 07/17

07/01/08 21:14

97 .

ELEVATE HEIGHT OF BED TO 30 DEGREES, &lt;07/01/08&gt;, (BMGN)

ENTERED BY: GITMAN, BONNIE MD 62726 BMGN

--COMPUTER-CODE SIGNATURE--

07/01/08 21:15

98 .

ICE TO FACE 20 MINUTES ON, 20 MINUTES OFF, &lt;07/01/08&gt;, (BMGN)

ENTERED BY: GITMAN, BONNIE MD 62726 BMGN

--COMPUTER-CODE SIGNATURE--

07/01/08 21:15

99 FAMOTIDINE INJ 20MG, IV Q12H, (07/01/08 22:00-...), (BMGN)

ENTERED BY: GITMAN, BONNIE MD 62726 BMGN

--COMPUTER-CODE SIGNATURE--

07/01/08 21:17

100 MORPHINE INJ 4MG, IV Q3H PRN MODERATE PAIN, &lt;07/01/08 21:17-...&gt;, (BMGN)

ENTERED BY: GITMAN, BONNIE MD 62726 BMGN

--COMPUTER-CODE SIGNATURE--

07/01/08 21:19

101 DIPHENHYDRAMINE INJ 50MG, INDICATION:PT IS WIRED SHUT, IV QHS  
PRN SLEEP, <07/01/08 21:19-...>, (BMGN)

ENTERED BY: GITMAN, BONNIE MD 62726 BMGN

--COMPUTER-CODE SIGNATURE--

CONTINUED

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PLAZA, BENJAMIN 000002891398

ORDERS SUMMARY REPORT

08/13/08 15:35

(QAXPRG)

PAGE 009

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=====
PLAZA, BENJAMIN                M    25
U-000002891398-6              DOB:10/05/1982
S-000044719928                ADM:06/30/08
SERV:MED                      N08C   8202A
MD:CALAT, PAUL DMD 03345      FC:BL
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## ORDERS REPORT

-PERMANENT CHART COPY-

SUMMARY: 06/30 16:40 TO 23:59 07/17

07/01/08 21:21

102 DIPHENHYDRAMINE INJ 25MG, INDICATION:PT IS WIRED SHUT, IV Q6H  
PRN ITCH, <07/01/08 21:21-..>, (BMGN)

ENTERED BY: GITMAN, BONNIE MD 62726 BMGN

--COMPUTER-CODE SIGNATURE--

07/01/08 21:22

103 ACETAMINOPHEN ELIXIR (650MG/20ML) 650MG, PO Q4H PRN MILD PAIN,  
<07/01/08 21:22-..>, (BMGN)

ENTERED BY: GITMAN, BONNIE MD 62726 BMGN

--COMPUTER-CODE SIGNATURE--

07/01/08 21:23

104 IV D5W 1/2NSS 1000ML, POTASSIUM CHLORIDE 20MEQ, 75ML/HR,  
CONTINUE UNTIL D/C, <07/01/08-..>, (BMGN)

ENTERED BY: GITMAN, BONNIE MD 62726 BMGN

--COMPUTER-CODE SIGNATURE--

07/01/08 21:27

105 DEXAMETHASONE INJ 8MG, IV Q8H X3DOSES, (07/01/08 22:00-07/02/08  
14:00), (BMGN)

ENTERED BY: GITMAN, BONNIE MD 62726 BMGN

--COMPUTER-CODE SIGNATURE--

07/01/08 22:33

106 DC CLINDAMYCIN INJ 600MG, IV Q8H, (ADJUST SCHED), (BMGN)

107 CLINDAMYCIN INJ 600MG, IV, Q8H, STARTING ON 07/02/08 AT 00:00,  
X3DOSES, (07/02/08 00:00-07/02/08 16:00), (BMGN)

ENTERED BY: HUTCHINSON, NORVA RN NHZ ADJUST ORDERS

CONTINUED

PLAZA, BENJAMIN

000002891398

ORDERS SUMMARY REPORT

08/13/08 15:35

(QAXPRG)

PAGE 010

PLAZA, BENJAMIN

M 25

U-000002891398-6

DOB:10/05/1982

S-000044719928

ADM:06/30/08

SERV:MED

N08C

8202A

MD:CALAT, PAUL DMD 03345

FC:BL

ORDERS REPORT

-PERMANENT CHART COPY-

SUMMARY: 06/30 16:40 TO 23:59 07/17

07/01/08 22:36

108 DC DEXAMETHASONE INJ 8MG, IV Q8H X3DOSES, (ADJUST SCHED),  
(BMGN)109 DEXAMETHASONE INJ 8MG, IV, Q8H, STARTING ON 07/02/08 AT 02:00,  
X3DOSES, (07/02/08 02:00-07/02/08 18:00), (BMGN)

ENTERED BY: HUTCHINSON, NORVA RN NHZ ADJUST ORDERS

07/02/08 01:36

110 HYDROMORPHONE TAB 1MG, PO Q3H PRN MODERATE PAIN, <07/02/08  
01:36-..>, (DMJJ)

ENTERED BY: JANG, DAVID MD 64352 DMJJ

--COMPUTER-CODE SIGNATURE--

07/02/08 01:44

111 (DC) HYDROMORPHONE TAB 1MG, PO Q3H PRN MODERATE PAIN, <07/02/08  
01:36-..>, (DMJJ)112 HYDROMORPHONE INJ (2MG/ML) 1MG, IV Q3H PRN MODERATE PAIN,  
<07/02/08 01:44-..>, (DMJJ)

ENTERED BY: JANG, DAVID MD 64352 DMJJ

--COMPUTER-CODE SIGNATURE--

07/02/08 07:04

113 .

PLEASE SEND PT TO ORAL SURGERY CLINIC THIS AM AT 8:30 (7/2/08).  
THANK YOU, <07/02/08>, (MDGC)

ENTERED BY: GOULSTON, MICHAEL DDS 62319 MDGC

--COMPUTER-CODE SIGNATURE--

07/02/08 12:05

114 DISCHARGE PATIENT: TODAY, &lt;07/02/08&gt;, (MDGC)

ENTERED BY: GOULSTON, MICHAEL DDS 62319 MDGC

--COMPUTER-CODE SIGNATURE--

CONTINUED

PLAZA, BENJAMIN

000002891398

ORDERS SUMMARY REPORT

08/13/08 15:35

(QAXPRG)

PAGE 011

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PLAZA, BENJAMIN                M 25
U-000002891398-6              DOB:10/05/1982
S-000044719928                ADM:06/30/08
SERV:MED                      N08C 8202A
MD:CALAT, PAUL DMD 03345      FC:BL
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## ORDERS REPORT

-PERMANENT CHART COPY-

SUMMARY: 06/30 16:40 TO 23:59 07/17

07/02/08 12:46

115 DISCHARGE INSTRUCTIONS- INSTRUCT PT/FAMILY RE  
 MEDICATIONS--PERCOCET, CLINDAMYCIN, PERIDEX - INSTRUCT  
 PT/FAMILY RE ACTIVITY--AD LIB - INSTRUCT PT/FAMILY RE  
 DIET--PUREED - INSTRUCT PT/FAMILY RE APPOINTMENT--CALL DR.  
 CALAT TO MAKE APPT , <07/02/08>, (MDGC)

ENTERED BY: GOULSTON, MICHAEL DDS 62319 MDGC

--COMPUTER-CODE SIGNATURE--

07/02/08 14:31

- 116 (D/C AT DISCHARGE) DIET: CLEAR LIQUID, <07/01/08>, (BMGN)  
 117 (D/C AT DISCHARGE) METOCLOPRAMIDE TAB 10MG, ROUTE:IVSS Q6H PRN  
 N/V, <07/01/08 21:11-...>, (BMGN)  
 118 (D/C AT DISCHARGE).  
 WIRE CUTTERS AT BEDSIDE, <07/01/08>, (BMGN)  
 119 (D/C AT DISCHARGE) ACETAMINOPHEN ELIXIR (650MG/20ML) 650MG, PO  
 Q4H PRN FEVER, <07/01/08 21:14-...>, (BMGN)  
 120 (D/C AT DISCHARGE) ACTIVITY: UP AD LIB, <07/01/08>, (BMGN)  
 121 (D/C AT DISCHARGE).  
 ELEVATE HEIGHT OF BED TO 30 DEGREES, <07/01/08>, (BMGN)  
 122 (D/C AT DISCHARGE).  
 ICE TO FACE 20 MINUTES ON, 20 MINUTES OFF, <07/01/08>, (BMGN)  
 123 (D/C AT DISCHARGE) FAMOTIDINE INJ 20MG, IV Q12H, (07/01/08  
 22:00-...), (BMGN)  
 124 (D/C AT DISCHARGE) MORPHINE INJ 4MG, IV Q3H PRN MODERATE PAIN,  
 <07/01/08 21:17-...>, (BMGN)  
 125 (D/C AT DISCHARGE) DIPHENHYDRAMINE INJ 50MG, INDICATION:PT IS  
 WIRED SHUT, IV QHS PRN SLEEP, <07/01/08 21:19-...>, (BMGN)  
 126 (D/C AT DISCHARGE) DIPHENHYDRAMINE INJ 25MG, INDICATION:PT IS  
 WIRED SHUT, IV Q6H PRN ITCH, <07/01/08 21:21-...>, (BMGN)  
 127 (D/C AT DISCHARGE) ACETAMINOPHEN ELIXIR (650MG/20ML) 650MG, PO  
 Q4H PRN MILD PAIN, <07/01/08 21:22-...>, (BMGN)  
 128 (D/C AT DISCHARGE) IV D5W 1/2NSS 1000ML, POTASSIUM CHLORIDE  
 20MEQ, 75ML/HR, CONTINUE UNTIL D/C, <07/01/08-...>, (BMGN)  
 129 (D/C AT DISCHARGE)CLINDAMYCIN INJ 600MG, IV, Q8H, STARTING ON  
 07/02/08 AT 00:00, X3DOSES, (07/02/08 00:00-07/02/08 16:00),  
 (BMGN)  
 130 (D/C AT DISCHARGE)DEXAMETHASONE INJ 8MG, IV, Q8H, STARTING ON  
 07/02/08 AT 02:00, X3DOSES, (07/02/08 02:00-07/02/08 18:00),  
 (BMGN)  
 131 (D/C AT DISCHARGE) HYDROMORPHONE INJ (2MG/ML) 1MG, IV Q3H PRN

CONTINUED

PLAZA, BENJAMIN

000002891398

ORDERS SUMMARY REPORT



08/13/08 15:35

(QAXPRG)

PAGE 012

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PLAZA, BENJAMIN                M    25
U-000002891398-6              DOB:10/05/1982
S-000044719928                ADM:06/30/08
SERV:MED                      N08C    8202A
MD:CALAT, PAUL DMD 03345      FC:BL
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## ORDERS REPORT

-PERMANENT CHART COPY-

SUMMARY: 06/30 16:40 TO 23:59 07/17

MODERATE PAIN, &lt;07/02/08 01:44-...&gt;, (DMJJ)

132 (D/C AT DISCHARGE).

PLEASE SEND PT TO ORAL SURGERY CLINIC THIS AM AT 8:30 (7/2/08).

THANK YOU, &lt;07/02/08&gt;, (MDGC)

133 (D/C AT DISCHARGE) DISCHARGE PATIENT: TODAY, &lt;07/02/08&gt;, (MDGC)

134 (D/C AT DISCHARGE) DISCHARGE INSTRUCTIONS- INSTRUCT PT/FAMILY RE  
 MEDICATIONS--PERCOCET, CLINDAMYCIN, PERIDEX - INSTRUCT  
 PT/FAMILY RE ACTIVITY--AD LIB - INSTRUCT PT/FAMILY RE  
 DIET--PUREED - INSTRUCT PT/FAMILY RE APPOINTMENT--CALL DR.  
 CALAT TO MAKE APPT , <07/02/08>, (MDGC)

ENTERED BY: IBAX INTERFACE

--INTERFACE MESSAGE--

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PLAZA, BENJAMIN

000002891398

ORDERS SUMMARY REPORT

08/13/08 15:35

(QAXPRG)

PAGE 013

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PLAZA, BENJAMIN	M	25
U-000002891398-6	DOB:10/05/1982	
S-000044719928	ADM:06/30/08	
SERV:MED	N08C	8202A
MD:CALAT, PAUL DMD 03345	FC:BL	

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PATIENT INFORMATION

-PERMANENT CHART COPY-

SUMMARY: 06/30 16:40 TO 23:59 07/17

CONTINUED

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PLAZA, BENJAMIN

000002891398

PATIENT INFORMATION

08/13/08 15:35

(QAXPRG)

PAGE 015

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PLAZA, BENJAMIN	M	25
U-000002891398-6	DOB:10/05/1982	
S-000044719928	ADM:06/30/08	
SERV:MED	N08C	8202A
MD:CALAT, PAUL DMD 03345	FC:BL	

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## PATIENT RECORD

-PERMANENT CHART COPY-

SUMMARY: 06/30 16:40 TO 23:59 07/17

VITAL SIGNS:	T-A	T-O	T-R	T-C	T-T	P-R	P-A	R	BP	
07/01 00:00					36.6	62		18	119/68	MPWE
07/01 08:00					35.4		63	18	114/67	JRGV
07/01 17:00					36.8	85		18	119/64	SGAL
07/02 05:00					36.9	79		18	131/72	VPW
07/02 08:00					36.7		87	18	122/86	VPT
07/02 08:25					36.7	87		18	122/86	MZO

## MEDICATIONS:

## CLINDAMYCIN INJ

07/01 00:00	300MG, IV,,IVPB		
	ENTERED BY: KARLIN, STEPHANIE	RN	SRK
07/01 06:00	300MG, IV,,IVPB		
	ENTERED BY: KARLIN, STEPHANIE	RN	SRK

## CLINDAMYCIN INJ

07/02 00:00	600MG, IV,,IVPB		
	ENTERED BY: HUTCHINSON, NORVA	RN	NHZ
07/02 08:00	600MG, IV,,IVPB		
	ENTERED BY: O'MALLEY, MEGAN	RN	MZO

## DEXAMETHASONE INJ

07/02 02:00	8MG, IV,,IV PUMP		
	ENTERED BY: LUCAS, VIRGINIE	RN	VRLE
07/02 11:00	8MG, IV,,IVPB,ACTUAL TIME GIVEN,PT WAS OFF THE UNIT		
	ENTERED BY: O'MALLEY, MEGAN	RN	MZO

## DIPHENHYDRAMINE 25MG /D5W 50ML,

07/01 06:00	IV,IV,IVPB		
	ENTERED BY: KARLIN, STEPHANIE	RN	SRK

## FAMOTIDINE INJ

07/01 22:00	20MG, IV,IVPB		
	ENTERED BY: HUTCHINSON, NORVA	RN	NHZ
07/02 11:45	20MG, IV,IVPB,ACTUAL TIME GIVEN,PT WAS OFF UNIT		
	ENTERED BY: O'MALLEY, MEGAN	RN	MZO

## HYDROMORPHONE INJ (2MG/ML)

07/01 00:00	1MG, IV,INJECTION SITE: IVPB,..PAIN		
	ENTERED BY: KARLIN, STEPHANIE		
07/01 04:00	1MG, IV,INJECTION SITE: IV,..PAIN		
	ENTERED BY: BOATEMAA, JACQUELINE		
07/01 10:00	1MG, IV,INJECTION SITE: IV DRIP, ..PAIN		

CONTINUED

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PLAZA, BENJAMIN

000002891398

PATIENT RECORD

08/13/08 15:35

(QAXPRG)

PAGE 018

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PLAZA, BENJAMIN	M	25
U-000002891398-6	DOB:10/05/1982	
S-000044719928	ADM:06/30/08	
SERV:MED	N08C	8202A
MD:CALAT, PAUL DMD 03345	FC:BL	

=====

## PATIENT RECORD

-PERMANENT CHART COPY-

SUMMARY: 06/30 16:40 TO 23:59 07/17

07/02 04:45	1 PAIN NOW LEVEL OF CONSCIOUSNESS: WIDE AWAKE	VRLE
07/02 04:45	6 WORST EXPERIENCED	VRLE
07/02 04:45	2 MODERATE RELIEF WITH MEDICATION	VRLE
07/02 04:45	0 YES, PAIN LEVEL IS ACCEPTABLE TO PATIENT	
	LOCATION--MANDIBLE; QUALITY OF PAIN: SHARP	VRLE
ACTIVITY-EXERCISE		
07/02 04:45	APICAL/RADIAL PULSE 60-100. REGULAR RHYTHM. NO EDEMA.	
	EXTREMITIES WARM	VRLE
COGNITIVE-PERCEPTUAL		
07/02 04:45	BEHAVIOR APPROPRIATE TO SITUATION	VRLE
07/02 04:45	0 PAIN NOW LEVEL OF CONSCIOUSNESS: WIDE AWAKE	VRLE
07/02 04:45	6 WORST EXPERIENCED	VRLE
07/02 04:45	2 MODERATE RELIEF WITH MEDICATION	VRLE
07/02 04:45	0 YES, PAIN LEVEL IS ACCEPTABLE TO PATIENT	VRLE
ACTIVITY-EXERCISE		
07/02 04:45	APICAL/RADIAL PULSE 60-100. REGULAR RHYTHM. NO EDEMA.	
	EXTREMITIES WARM	VRLE
07/02 04:45	RESP RATE 12-20. AT REST, REGULAR AND NON-LABORED. NO	
	SOB. NO COUGH	VRLE
07/02 04:45	NO COUGH	VRLE
07/02 04:45	STEADY GAIT WITHOUT ASSISTANCE.	VRLE
07/02 04:55	--AMBULATORY WITHOUT ASSISTANCE	VRLE
NUTRITION-METABOLIC		
07/02 04:55	ABDOMEN SOFT. HAVING BMS WITHIN OWN NORM. CONTINENT.	
	TOLERATES DIET. NO NAUSEA AND VOMITING	VRLE
07/02 04:55	ABDOMEN SOFT	VRLE
07/02 04:55	CONTINENT	VRLE
07/02 04:55	NO NAUSEA AND VOMITING	VRLE
07/02 04:55	NGT POSITION CHECKED Q4H	VRLE
NUTRITION-METABOLIC		
07/02 04:55	IV SITE WITHOUT REDNESS, SWELLING OR PAIN	VRLE
07/02 04:55	IV SITE--RT ARM	VRLE
ELIMINATION		
07/02 04:55	URINE CLEAR, YELLOW TO AMBER IN COLOR	VRLE
07/02 04:55	EMPTIES BLADDER INDEPENDENTLY WITHOUT URGENCY,	
	FREQUENCY, INCONTINENCE, DYSURIA OR SELF CATH	VRLE
07/02 04:55	EMPTIES BLADDER INDEPENDENTLY WITHOUT URGENCY,	
	FREQUENCY, INCONTINENCE, DYSURIA OR SELF CATH	VRLE
07/02 04:55	URINE CLEAR, YELLOW TO AMBER IN COLOR	VRLE
NUTRITION-METABOLIC		
07/02 04:55	TURN POSITION--SELF	VRLE
ACTIVITY-EXERCISE		
07/02 04:55	SAFETY MEASURES--PER MSH	VRLE
07/02 04:55	SAFETY MEASURES--AS PER MSH STANDARD	VRLE

CONTINUED

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PLAZA, BENJAMIN

000002891398

PATIENT RECORD

08/13/08 15:35

(QAXPRG)

PAGE 019

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PLAZA, BENJAMIN	M	25
U-000002891398-6	DOB:10/05/1982	
S-000044719928	ADM:06/30/08	
SERV:MED	N08C	8202A
MD:CALAT, PAUL DMD 03345	FC:BL	

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## PATIENT RECORD

-PERMANENT CHART COPY-

SUMMARY: 06/30 16:40 TO 23:59 07/17

07/02 04:55 ISOLATION--NONE, SEE ADDITIONAL NOTE IN PROGRESS NOTES

07/02 04:55 ISOLATION--NONE

07/02 04:55 BATH: SELF

VRLE

VRLE

VRLE

## NURSING CARE NOTES:

06/30 19:10 TO THE OR ANBRG ORS

06/30 20:05 PHYSICIAN ORDER CHECK COMPLETED, ORDER 28 TO ORDER  
45 WERE CHECKED

06/30 20:00 RETURN TO UNIT

07/01 00:25 PHYSICIAN ORDER CHECK COMPLETED, ORDER 46 TO ORDER  
54 WERE CHECKED07/01 08:55 PHYSICIAN ORDER CHECK COMPLETED, ORDER 55 TO ORDER  
58 WERE CHECKED07/01 14:20 PHYSICIAN ORDER CHECK COMPLETED, NO NEW ORDERS ENTERED  
SINCE ORDER 5807/01 14:30 PHYSICIAN ORDER CHECK COMPLETED, ORDER 59 TO ORDER  
66 WERE CHECKED07/01 16:05 PHYSICIAN ORDER CHECK COMPLETED, ORDER 66 TO ORDER  
70 WERE CHECKED

07/01 16:00 TO THE OR ANBRG ORS

07/01 21:35 TO PACU, GP 3

07/01 21:35 PHYSICIAN ORDER CHECK COMPLETED, ORDER 91 TO ORDER  
105 WERE CHECKED

07/02 00:50 RETURN TO UNIT: BY WAY OF:--PACU

07/02 00:50 PHYSICIAN ORDER CHECK COMPLETED, ORDER 109 TO ORDER  
106 WERE CHECKED07/02 01:45 PHYSICIAN ORDER CHECK COMPLETED, ORDER 112 TO ORDER  
110 WERE CHECKED07/02 07:30 PHYSICIAN ORDER CHECK COMPLETED, ORDER 65 TO ORDER  
113 WERE CHECKED

07/02 08:25 TRANSPORT TO: OFF UNIT--ORAL SURGERY CLINIC.

ID BAND CHECKED:YES.

FACE SHEET ON CHART:YES.

MEDICAL ORDER PRESENT:YES.

CONSENT:NO.

PRE-MEDICATION:NO

07/02 08:25

INTRAVENOUS FLUIDS PRESENT:NO.

MEDLOCK PRESENT:YES

07/02 11:00 RETURNED FROM OFF UNIT, PATIENT CONDITION: UNCHANGED

07/02 12:35 PHYSICIAN ORDER CHECK COMPLETED, ORDER 114 WAS CHECKED

MZO

CONTINUED

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PLAZA, BENJAMIN

000002891398

PATIENT RECORD

08/13/08 15:35

(QAXPRG)

PAGE 020

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PLAZA, BENJAMIN	M	25
U-000002891398-6	DOB:10/05/1982	
S-000044719928	ADM:06/30/08	
SERV:MED	N08C	8202A
MD:CALAT, PAUL DMD 03345	FC:BL	

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PATIENT RECORD

-PERMANENT CHART COPY-

SUMMARY: 06/30 16:40 TO 23:59 07/17

07/02 13:20 PHYSICIAN ORDER CHECK COMPLETED, ORDER 115 WAS CHECKED  
MZO

TRANSFERRED: TO N08C 8210B FROM N08C 8210A AT

TRANSFERRED: TO N08C 8202A FROM N08C 8210B AT

CONTINUED

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PLAZA, BENJAMIN

000002891398

PATIENT RECORD

08/13/08 15:35

(QAXPRG)

PAGE 021

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PLAZA, BENJAMIN	M	25
U-000002891398-6	DOB:10/05/1982	
S-000044719928	ADM:06/30/08	
SERV:MED	N08C	8202A
MD:CALAT, PAUL DMD 03345	FC:BL	

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PATIENT RECORD

-PERMANENT CHART COPY-

SUMMARY: 06/30 16:40 TO 23:59 07/17

CONTINUED

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PLAZA, BENJAMIN

000002891398

PATIENT RECORD

08/13/08 15:35

(QAXPRG)

PAGE 022

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PLAZA, BENJAMIN                M    25
U-000002891398-6              DOB:10/05/1982
S-000044719928                ADM:06/30/08
SERV:MED                      N08C   8202A
MD:CALAT, PAUL DMD 03345      FC:BL
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## TEST RESULTS SUMMARY

-PERMANENT CHART COPY-

SUMMARY: 03/23 16:40 TO 23:59 07/17

\* = NEW RESULT. H = HIGH RESULT. L = LOW RESULT.

I = INCORRECT RESULT. C = CORRECT RESULT.

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BLOOD BANK TESTS

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06/30 05:38    TYPE+SCREEN
                ABO GROUP      O

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ALL OUTSTANDING TESTS/PROCEDURES:

07/01/08

58 TYPE, 7.

, &lt;07/01/08&gt;, (PDCB)

CONTINUED

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PLAZA, BENJAMIN

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000002891398

TEST RESULTS SUMMARY



08/13/08 15:35

(QAXPRG)

PAGE 023

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PLAZA, BENJAMIN	M	25
U-000002891398-6	DOB:10/05/1982	
S-000044719928	ADM:06/30/08	
SERV:MED	N08C	8202A
MD:CALAT, PAUL DMD 03345	FC:BL	

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TEST RESULTS SUMMARY

-PERMANENT CHART COPY-

SUMMARY: 03/23 16:40 TO 23:59 07/17

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ANCILLARY RESULTS:

NO ANCILLARY RESULTS WERE ENTERED  
FOR THIS PATIENT DURING THE REPORT PERIOD.

CONTINUED

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PLAZA, BENJAMIN	000002891398	ANC RESULTS
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08/13/08 15:35

(QAXPRG)

PAGE 024

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PLAZA, BENJAMIN	M	25
U-000002891398-6	DOB:10/05/1982	
S-000044719928	ADM:06/30/08	
SERV:MED	N08C	8202A
MD:CALAT, PAUL DMD 03345	FC:BL	

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      DICTATED PHYSICIAN NOTES

      -PERMANENT CHART COPY-

SUMMARY: 03/23 16:40 TO 23:59 07/17

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      DICTATED PHYSICIAN NOTES

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THERE ARE NO NOTES FOR THIS PATIENT

CONTINUED

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PLAZA, BENJAMIN	000002891398	DICTATED PHYSICIAN NOTES
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08/13/08 15:35

(QAXPRG)

PAGE 025

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PLAZA, BENJAMIN	M	25
U-000002891398-6	DOB:10/05/1982	
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DICTATED PHYSICIAN NOTES

-PERMANENT CHART COPY-

SUMMARY: 03/23 16:40 TO 23:59 07/17

## USER NAMES AND INITIALS

GOULSTON, MICHAEL	DDS 62319	MDGC	GITMAN, BONNIE	MD 62726	BMGN
JANG, DAVID	MD 64352	DMJJ	MOONEY, TIMOTHY	MD 64370	TMMK
YANOW, JENNIFER	MD 65016	JMYQ	AMOAKO, PRISCILLA	RN	PRAQ
KARLIN, STEPHANIE	RN	SRK	LIBSTER, VIKTORIYA	RN	VRLB
LUCAS, VIRGINIE	RN	VRLE	O'MALLEY, MEGAN	RN	MZO
REEVES-SIMS, LILLIAN	RN	LRRB	GEORGE, STEPHEN	PCA	SGAL
GOMEZ, JAIME RONAL	PCA	JRGV	TRIM, VALERIE	PCA	VPT
WESTON, MALISSA	PCA	MPWE	WOODBURN, VICTORIA	PCA	VPW
HUTCHINSON, NORVA	RN	NHZ	YBERA, MARIA	RN	MYZ

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PLAZA, BENJAMIN

000002891398

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USER SUMMARY

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